

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E. Attoh*

Died at *Ashtabula* Town *Baltimore* County **MARYLAND**

Date of death *1908* *Oct* *29* Age *69* Months *3* Days

Sex *Female* Color or Race *White* Birth-place *Virginia*

Occupation *Domestic* Where Residing if not at place of death *Ashtabula*

~~Married, Single~~ or Widowed Name of Wife or Husband *Joseph E. Attoh*

Father's Name *Newton* Father's Birthplace *Virginia*

Mother's Maiden Name *Hautley* Mother's Birthplace *"*

Name of person giving information *Carlton Wheeler* How related to deceased *Son-in-law*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Paralytic Poesis* How long *3 yrs.*

Immediate *Heart Enlargement* How long *2 Weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. D. Wells*

Address *Dark Houghton*
Maryland

Accident or Suicide? ☐

July 16/1839

Name
in
FullUnmanned child - still born of
Chas. A. and Elizabeth Albrecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Lauraville	Town	Baltimore	County	MARYLAND						
Date of death	1908	Month	October	Day	22nd	Age	—	Months	—	Days	—
Sex	Male	Color or Race	White	Birth-place	Lauraville						
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name	Chas. A. Albrecht				Father's Birthplace	Baltimore, Md.					
Mother's Maiden Name	Marg. Elizabeth Barbour				Mother's Birthplace	Baltimore, Md.					
Name of person giving Information	Chas. A. Albrecht				How related to deceased	Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Protracted Labour		How long	8
Immediate	Narrow pelvis		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
	Address			
	1501 E. Gay St. Baltimore City			
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

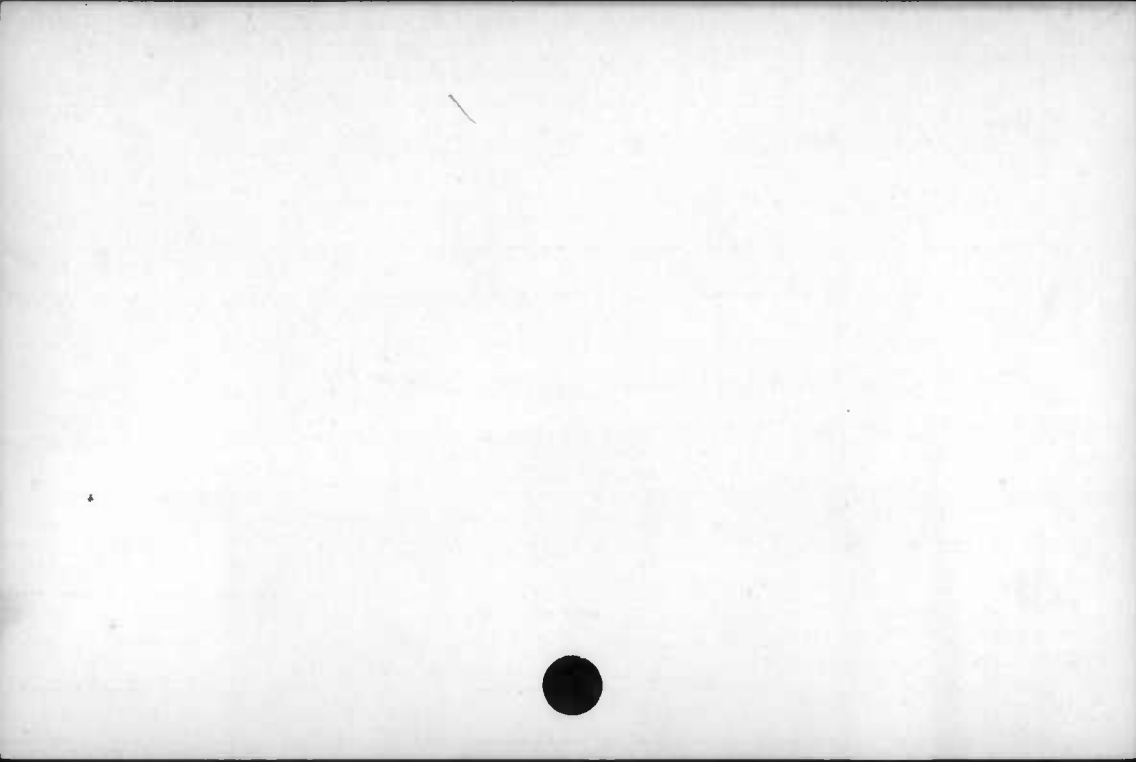
Died at <i>Leatsville</i> ^{Town}		<i>Pocahontas</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>37</i> Years	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>x</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John W. Arnold</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>unk</i>	Mother's Birthplace <i>unk</i>				
Name of person giving information <i>—</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>10 yrs</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Ray Wade</i>
	Address <i>Leatsville, Ind</i>
Accident or Suicide? <i>No</i>	<i>1st District</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

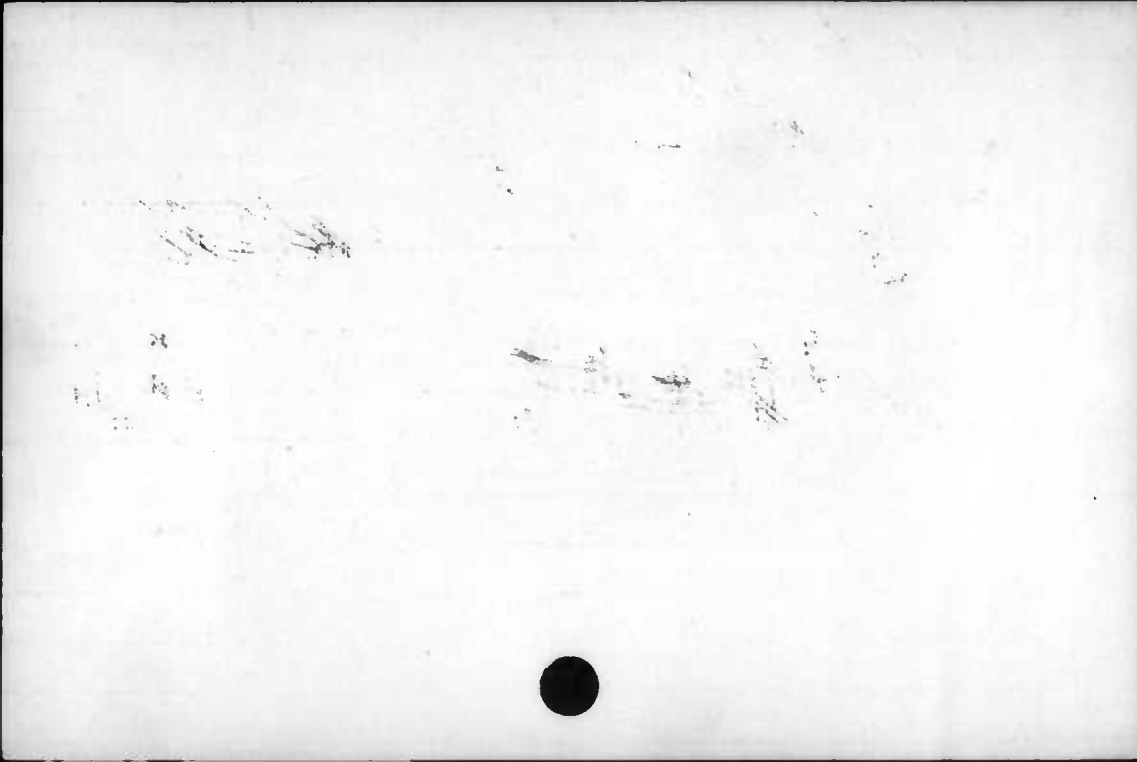
Died at <i>Pikesville</i> Town <i>Baltimore</i> County		MARYLAND			
Date of death <i>1908</i>	Month <i>10</i>	Day <i>22</i>	Age <i>64</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ba.</i>			
Occupation <i>Salesman</i>	Where Residing if not at place of death <i>Pikesville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Do not know</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving information <i>H. H. Mathews</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>1 week</i>
Immediate <i>Paralysis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. M.</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	



Name
in
Full

Hannah M. Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Catoonsville* Town*Dallman* County

MARYLAND

Date of death 1908 Oct 13

Age 62

Months 7

Days 1

Sex Female

Color or Race

Colored

Birth-place

Maryland

Occupation

Laundress

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Peter Banks

Father's Name

Lavis Gray

Father's Birthplace

Maryland

Mother's Maiden Name

Henriette Harris

Mother's Birthplace

"

Name of person giving information

Charles Banks

How related to deceased

Son

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis
Exhaustion

How long

about 20 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Frederick L. Pakenburg

Address

Coroner.

Accident or Suicide?

1st District Catoonsville

PHYSICIAN
OR CORONER



Name
in
Full

Thos. H. Bayless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland town</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct.</i>	Day <i>21st</i>	Age <i>66</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>M.</i>	Color or Race <i>W.</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>Watchman</i>			Where Residing if not at place of death <i>921 Boulevard St.</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Mary Katherine Strickland</i>			
Father's Name <i>Thos. Bayless</i>			Father's Birthplace <i>Balto. Md.</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Jas. Bayless</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

64

Primary <i>Cerebral Hemorrhage</i>	How long <i>4 days</i>
Immediate <i>Encephalitis & chole</i>	How long <i>2 1/2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. M. Miller</i>
	Address <i>Canton & Dillon Sts</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

Wendell Dippell & Son,

Wendell & Sons

7 Holy Redeemer Church.

Oct. 24 / 08,

Name
in
Full

Annie M. C. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Balti</i>		MARYLAND	
Date of death	190 ^{Month} <i>8</i>	^{Day} <i>10</i>	^{Years} <i>3</i>	Age <i>39</i>	^{Months} <i>6</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balti.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>3912 Eastern Ave</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Chas. Becker</i>		
Father's Name	<i>Henry Sammers</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Wilhelmina Lang</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving Information	<i>Chas. Becker</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

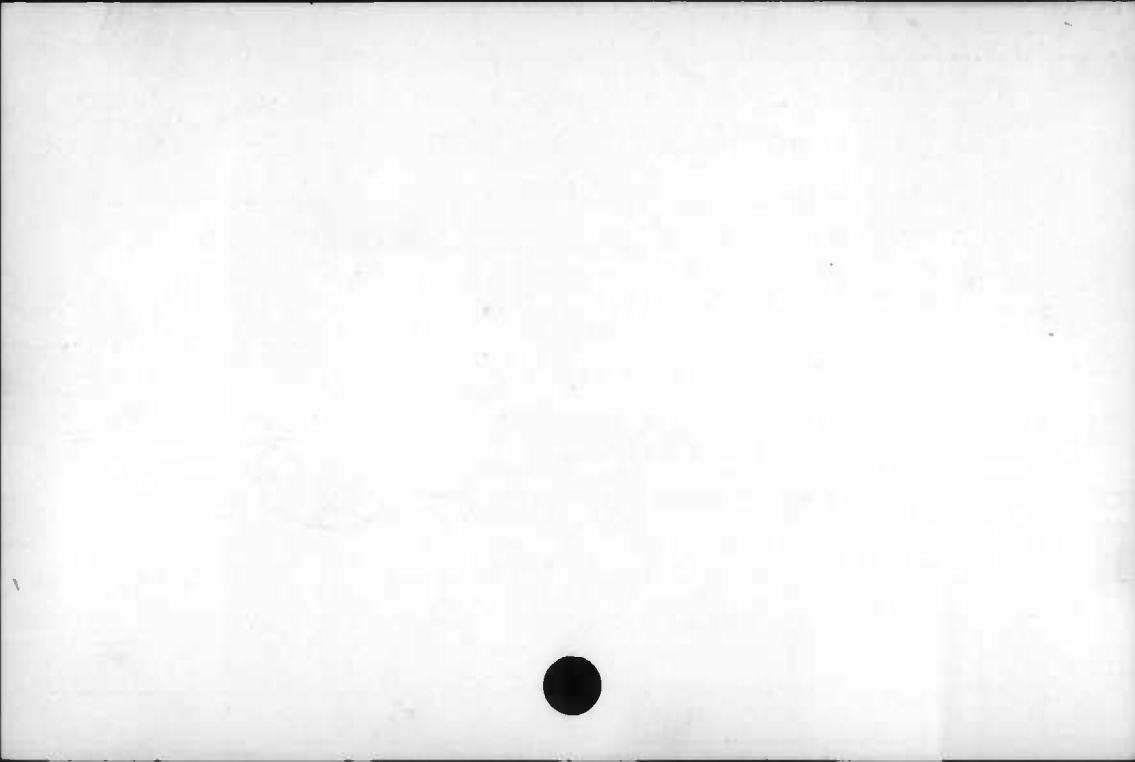
Primary	<i>Carcinoma - of breast.</i>	How long	<i>6 months.</i>
Immediate	<i>Cardiac asthenia</i>	How long	<i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>W. E. McClanahan M.D.</i>
		Address	<i># 619 S. Clinton St. -</i>
Accident or Suicide	<i>_____</i>		<i>_____</i>

Oak Lawn Conn.

J. Henryson

10/6/08

Name in Full Henry Bees ✓		CERTIFICATE OF DEATH	
Died at Lan Downe Town		Balt County	
Date of death 1908 Oct 22		Age — Years	
Sex male		Color or Race white	
Occupation Infantry		Where Residing if not at place of death —	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name John F. Bees		Father's Birthplace Balt. Md	
Mother's Maiden Name Sarah J. Doulin		Mother's Birthplace Balt. Md	
Name of person giving information John F. Bees ✓		How related to deceased Father	
CAUSES OF DEATH			
Primary Collapsed Cord		How long 176	
Immediate Only lived a few moments.		How long a few minutes	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Frank H. Ruhl	
Address Lan Downe, Md.		Accident or Suicide? —	



Name
in
Full

CERTIFICATE OF DEATH

Anna Rosina Berger

Died at *131 Thirtieth* *Highlandtown* *Baltimore County* *MARYLAND*
 Date of death *1908* Month *10* Day *12* Age *79* Months *1* Days *2*

Sex *Female* Color or Race *White* Birth-place *Germany*
 Occupation *none* Where Residing if not at place of death *131 Thirtieth*

Married, Single or Widowed *Married* Name of Wife or Husband *William E Berger*

Father's Name *Johann Stenzel* Father's Birthplace *Germany*

Mother's Maiden Name *Anna Rosine Stenzel* Mother's Birthplace *"*

Name of person giving information *Minnie Ulrich* How related to deceased *Daughter*

CAUSES OF DEATH

93

Primary *Pneumonia* How long *5 days*

Immediate *Pneumonia*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Edw. M. Singsma*
 Address *57 N. Washington St. 12th District*
 Accident or Suicide? *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louis Hermann

32 S Broadway

Immanuel's Cemetery

Lauraville

Oct. 14/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Bessie S. M. Blair		Town Rogers station		County Baltimore		MARYLAND	
Died at Rogers station		Date of death 1908		Month Oct		Day 27	
Age 24		Years 2		Months 3		Days 3	
Sex Female		Color or Race white		Birth-place Balto. Co.			
Occupation House wife		Where Residing if not at place of death Rogers station					
Married, Single or Widowed Married		Name of Wife or Husband Harry E. Blair					
Father's Name John Hall		Father's Birthplace Balto. Co					
Mother's Maiden Name Sarah Johnson		Mother's Birthplace Balto Co					
Name of person giving information Harry E. Blair		How related to deceased Husband					

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary Epileptic Mania		How long Several yrs	
Immediate Suicide by pistol shot through head		How long 17	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. Louis Drayton	
		Address Pikesville Md	
Accident or Suicide?			

John Burns & Sons
Towson

Interment at
Fork M. E. Cemetery

Name
in
Full

Richard Blakeley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Powsom		County Baltimore		MARYLAND	
Date of death	1908	Month 10	Day 19	Age 79	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Laborer			Where Residing if not at place of death Jas Eppie			
Married, Single or Widowed		Name of Wife or Husband Elizabeth Blakeley					
Father's Name	Richard Blakeley					Father's Birthplace	Not Known
Mother's Maiden Name	Unknown					Mother's Birthplace	" "
Name of person giving In formation	Joseph Eppie					How related to deceased	Son in law

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Injury from mule run away.	How long	48 hours
Immediate	Internal Injuries - Shock	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. G. Marsburg	
Address		Powsom	
Accident or Suicide?			

John Burns & Sons
Towson

Providence, Cumbria
Ballo Co

Name in Full		Not named Bland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ruxton		County Baltimore		MARYLAND
	Date of death	1908	Month Oct	Day 22	Age	12 hours	Months —
	Sex	Female		Color or Race	White		Birth-place Ruxton
	Occupation	—		Where Residing if not at place of death —			
	Married, Single or Widowed	—		Name of Wife or Husband	—		
PHYSICIAN OR CORONER	Father's Name		Frank E. Bland			Father's Birthplace Balt. City	
	Mother's Maiden Name		Martha M. Heizer			Mother's Birthplace Balt. City	
	Name of person giving information		Frank E. Bland			How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Premature birth			(151) How long 2	
	Immediate		Prostration			How long 12 hrs	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. N. Smith		
					Address Rider, Md		
	Accident		—				

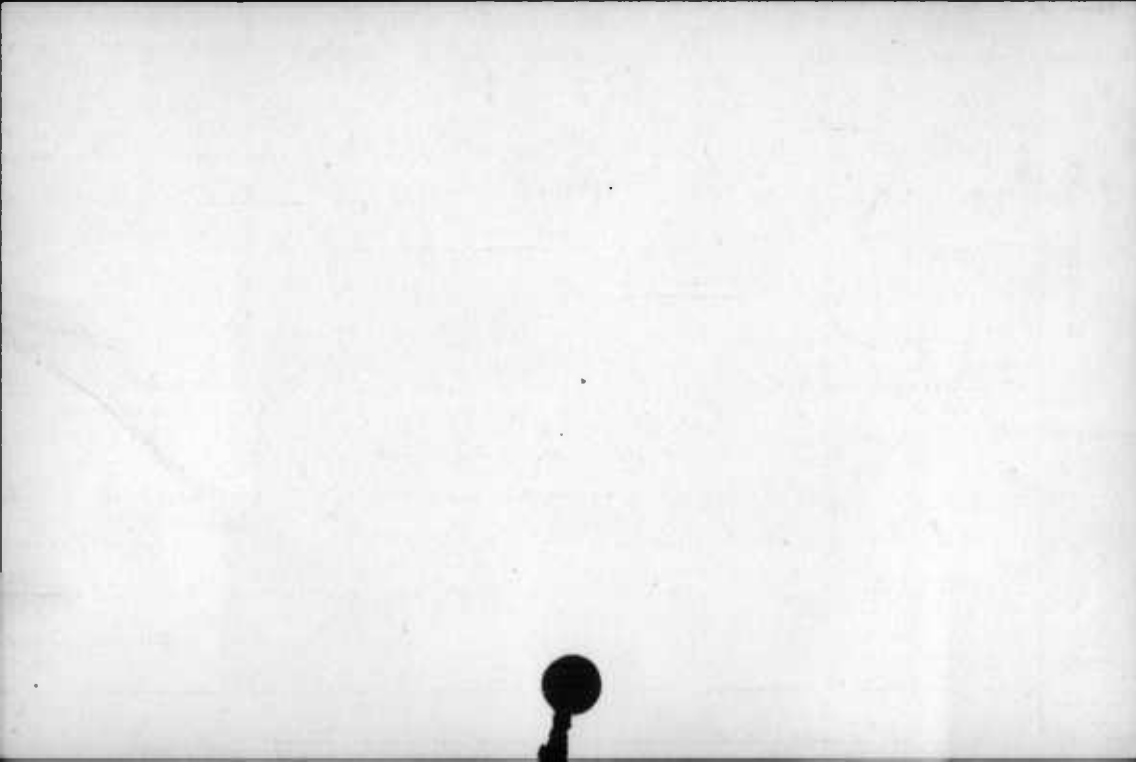
John Burns Sons

Baltimore County

Name in Full		Certificate of Death			
William Bowen		TOWN' Baltimore County			
Died at St. Agnes Hospital		MARYLAND			
Date of death 1908 Oct. 22		Age 47		Months — Days —	
Sex Male		Color or Race White		Birth-place Baltimore Co.	
Occupation Can maker		Where Residing if not at place of death St. Agnes Hospital			
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name J. W. Bowen		Father's Birthplace Maryland			
Mother's Maiden Name Ellenore		Mother's Birthplace Maryland			
Name of person giving information W. P. Lynch		How related to deceased Brother in law			
CAUSES OF DEATH					
Primary Mitral & Aortic Insufficiency		How long One Year			
Immediate Cerebral embolism		How long 30 Seconds			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. P. Sandrock			
		Address St. Agnes Hospital			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Laura Braun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

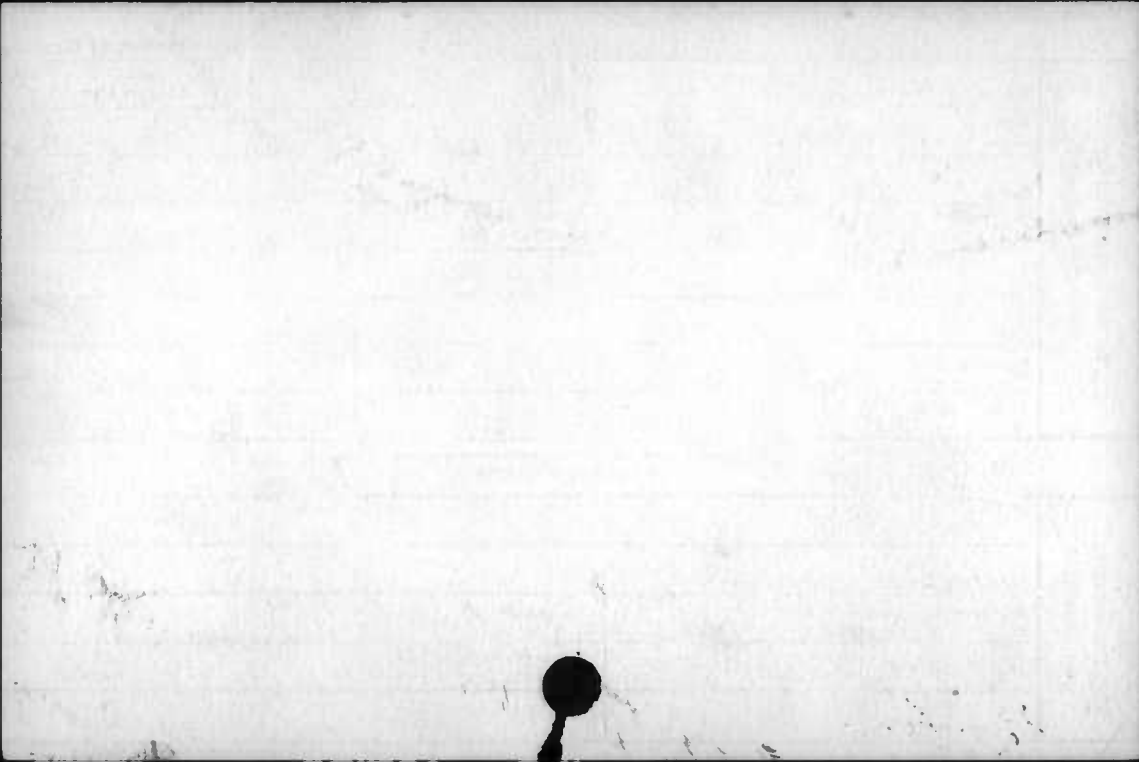
Died at <i>Bauck Ruin</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>4</i>	Age <i>27</i>
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Baltimore</i>	Months <i>9</i> Days <i>1</i>
Occupation <i>laborer</i>	Where Residing if not at place of death <i>Baltimore - Md</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Annie May</i>		
Father's Name <i>Washington Braun</i>	Father's Birthplace <i>Ladine Mo</i>		
Mother's Maiden Name <i>Mary E Brauns</i>	Mother's Birthplace <i>Calumet Ga</i>		
Name of person giving information <i>Mr Braun</i>	How related to deceased <i>bro</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>6 weeks</i>
Immediate <i>Bright's Disease</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. M. Marshall</i>
	Address <i>708 Cedar St</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Samuel Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bellevue St. Govt*

Town

Baltimore

County

Date of death *1908 Oct.*

Month

Day *18*Age *83*

Years

Months

Days

Sex *male*Color or Race *white*Birth-place *Cambridge Md*Occupation *None*Where Residing if not at place of death *Cambridge Md*Married, Single or Widowed *Widowed*Name of Wife or Husband *Not known*Father's Name *Not known*Father's Birthplace *Not known*Mother's Maiden Name *Not known*Mother's Birthplace *Not known*Name of person giving information *Wm H Bryan*How related to deceased *Nephew*

CAUSES OF DEATH

93

Primary *Senility*How long *one week*Immediate *Pneumonia and Cardiac Transition*How long *one week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. S. Carswell Md*Address *224 25th St*Accident or Suicide? *—**gth District* *Bald Md*

~~Dr W. S. Carson & Co.~~

~~25 + Charles St.~~

~~215 Club Road R. P.~~

Place of burial Greenmount Cem

Hy W. Jenkins & Sons. Co
300 W. Madison St.

Name
in
Full

Annie Blanche Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Sherwood* Town*Baltimore* County

MARYLAND

Date of death 1908 *Oct* Month*31* DayAge *—* Years*4* Months*—* DaysSex *Female*Color or Race *white*Birth-place *Maryland*Occupation *None*Where Residing if not at place of death *Sherwood*Married, Single or Widowed *Single*Name of Wife or Husband *None*Father's Name *Farris Burns*Father's Birthplace *Maryland*Mother's Maiden Name *Sarah J Littlefield*Mother's Birthplace *Canada*Name of person giving information *Farris Burns*How related to deceased *Father*

CAUSES OF DEATH

*105*Primary *Entro. Colitis*How long *Two months*Immediate *Inaction*How long *Indefinite*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A.B. Shmison*Address *Reider, Ind.*

Accident or Suicide?

John Burris Sons
Towson

May's Cereals
Balto. Co end

Name
in
Full

Alice Rebecca Carback

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bear</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1908	Month	Oct	Day	2
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	—		Birth-place	<i>md</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	<i>Gus. Carback</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Annie York</i>			Mother's Birthplace	<i>md</i>
Name of person giving Information	<i>Gus Carback</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

179

Primary	<i>Maras m...</i>	How long	<i>2 mos</i>
Immediate		How long	—

Are the name, age, sex, color, date and place correctly given above?

yes

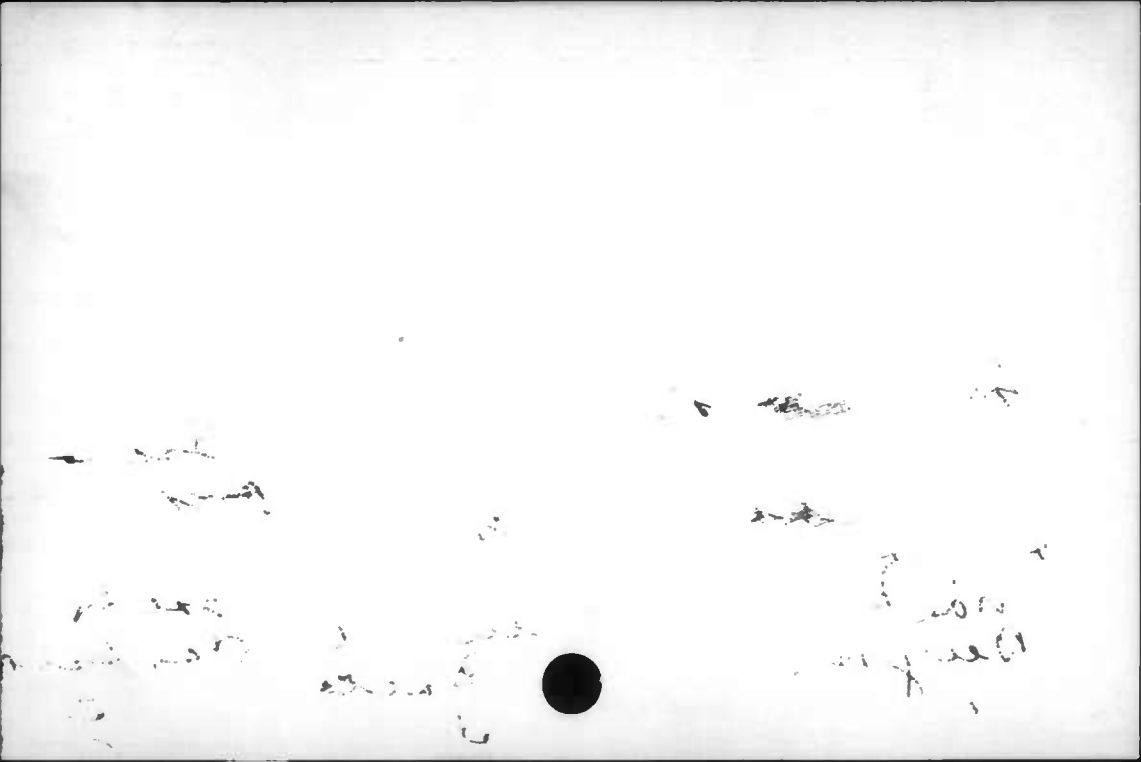
Signature of Physician

Address

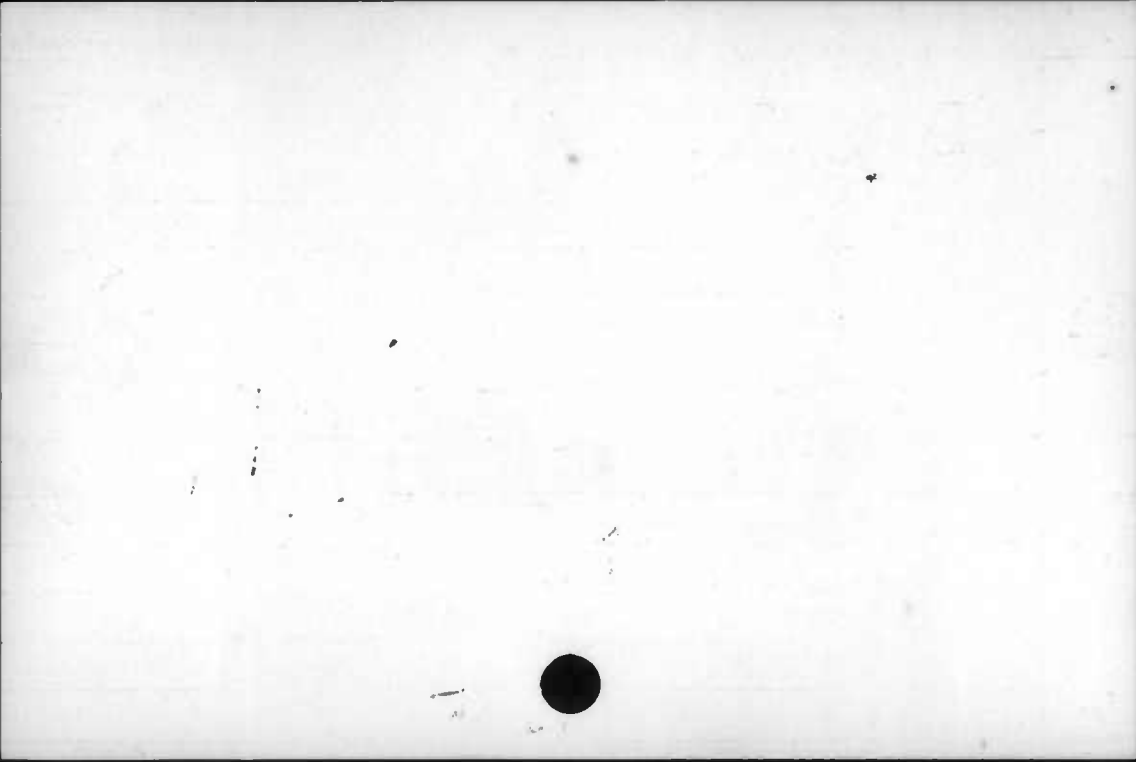
John O. Hammond
md

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name in Full		Vernon Carson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Calansule		County Baltimore		STATE MARYLAND
	Date of death		190	Month Oct	Day 5	Age Years	Months Days 3
	Sex		Male		Color or Race white		Birth-place Calansule
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Charles Carson			Father's Birthplace Baltimore	
	Mother's Maiden Name		Emma Fager			Mother's Birthplace Baltimore	
Name of person giving information		Mrs E Carson			How related to deceased Mother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">151</div>							
PHYSICIAN OR CORONER	Primary		Premature Birth				How long
	Immediate		Exhaustion				How long
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician Dr. C. L. Mansfield		
					Address Calansule Md		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nelson Clark</i>		Town <i>Colgate Creek</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at		Month <i>10</i>		Day <i>11</i>		Age <i>79</i>	
Date of death <i>1908</i>		Months <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Washington's</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Colgate Creek</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Sarah Black</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving Information <i>Mammie Bartell</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary <i>General Tuberculosis</i>		How long <i>2 mos. +</i>	
Immediate <i>Exhaustion following diarrhoea</i>		How long <i>2 weeks.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>N. M. M. M. M. M.</i>	
		Address <i>Canton & D. J. H. Sts.</i>	
Accident or Suicide <i>12th District</i>			

St. Paul Kern
Herwig & Son
10/12/08

Name
in
Full

Mrs Mary Catharine Conroy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Phoenix ^{County} Balto MARYLAND

Date of death 1908 ^{Month} Oct ^{Day} 14 Age ^{Years} 60 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Hartford Md

Occupation Housewife Where Residing if not at place of death —

☒ Married, Single ☒ Widowed ☒ Name of Wife or Husband Husband, George Henry Conroy

Father's Name Thomas Thompson Father's Birthplace Balto. Md

Mother's Maiden Name Mary Catherine Thompson Mother's Birthplace Mt. Carmel Balto. Md

Name of person giving information How related to deceased

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis How long years

Immediate Apoplexy How long one hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr J. B. Benson

Address Cockeysville Md

Accident or Suicide?

Funeral at Poplar
Friday 16th

M. C. Brooks

Name
in
Full

Patience Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

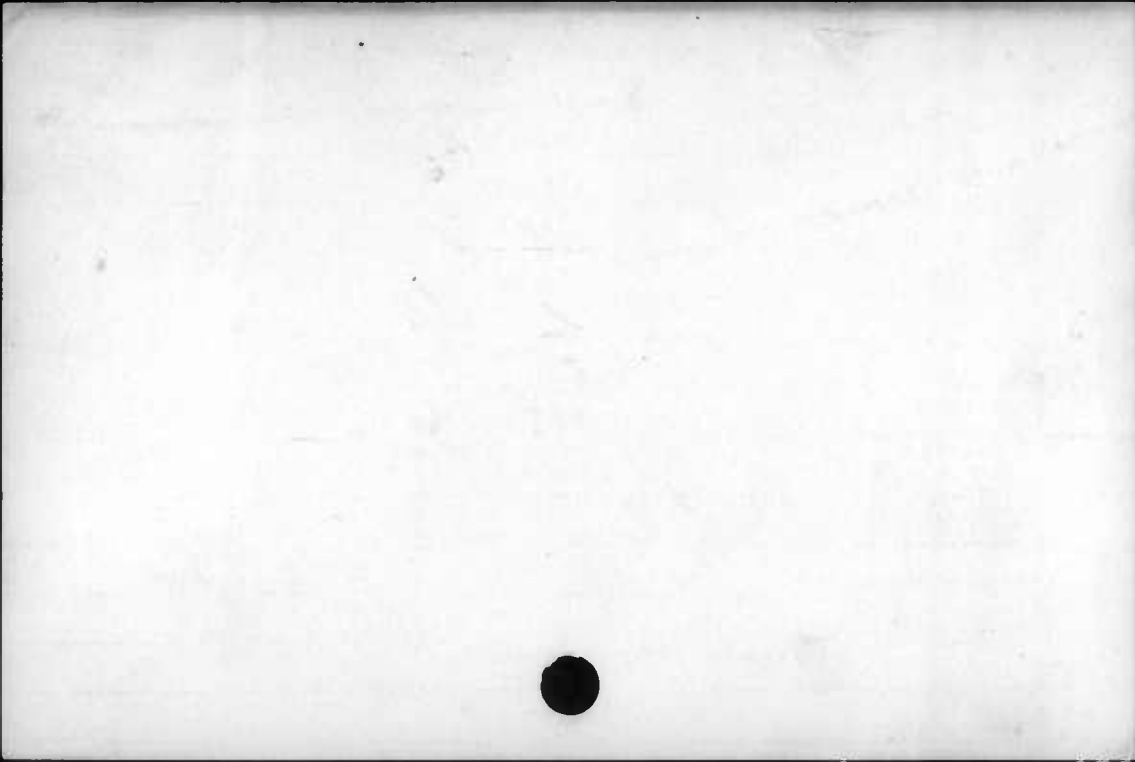
Died at Catonville ^{Town}		Balto ^{County}		MARYLAND	
Date of death 1908	Oct. ^{Month}	21 ^{Day}	34 ^{Years}	.. ^{Months}	.. ^{Days}
Sex female	Color or Race Colored		Birth-place Catonville		
Occupation Housewife	Where Residing if not at place of death Catonville				
Married, Single or Widowed Married	Name of Wife or Husband Laniel Craig				
Father's Name Charles Watkins	Father's Birthplace Howard Co				
Mother's Maiden Name Elmira Dorsey	Mother's Birthplace Howard Co				
Name of person giving information Amanda Tolston	How related to deceased Sister				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long 3 months
Immediate Asthma	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Marshall B Wrsf.
	Address Catonville, Md., 1st district
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

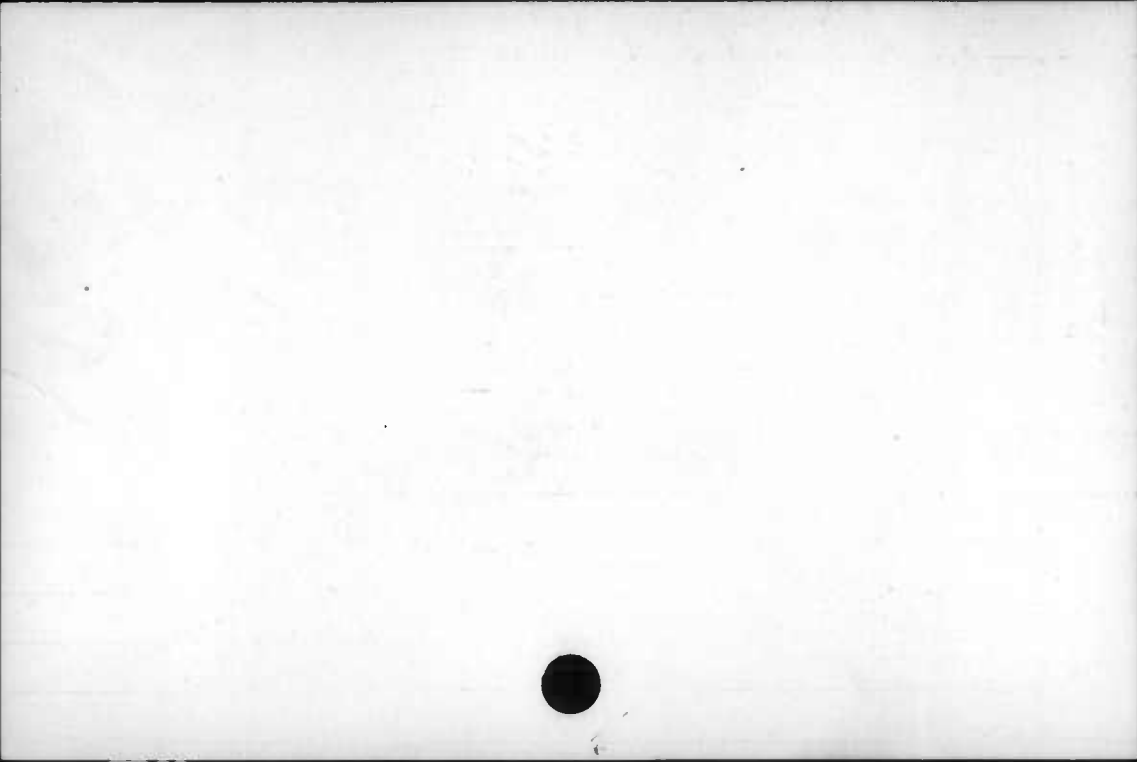
Died at <i>Kingsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Oct</i> ^{Month}	<i>29</i> ^{Day}	Age <i>55</i> ^{Years}	<i>✓</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Not Known</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Kingsville</i>				
Married, Single or Widowed <i>Not Known</i>	Name of Wife or Husband <i>Not Known</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Samuel G. Quinlin</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

79

6 PHYSICIAN
OR CORONER

Primary <i>Heart-disease</i>	How long <i>Not Known</i>
Immediate <i>Paralysis of The Heart</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes ✓</i>	Signature of Physician <i>J. F. H. Gorsuch</i>
	Address <i>Fork Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>Oct.</i> ^{Day}	<i>15</i> ^{Age}	<i>2</i> ^{Years}	<i>1</i> ^{Months}
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Kutherville Md</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel M. Dece</i>			Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Katherine E. Guider</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Samuel M. Dece</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Cont. colitis</i>	How long	<i>twelve days</i>
Immediate	<i>exhaustion</i>	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William J. Todd</i>	
<i>yes</i>		Address <i>Washington Md</i>	
Accident or Suicide?			

For Removal to
Louden Park

E Madison Mitchell
per JH

Name
in
Full

CERTIFICATE OF DEATH

William Dorsey

Town

County

Died at 3318 E. Balt St

Balto

MARYLAND

Date
of death 1908

Month

Day

Age

Years

Months

Days

Oct 5

64

Sex

Male

Color or
Race

Irish

Birth-
place

Ireland

Occupation

Superintendent

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widow

Name of Wife or

Margaret B. Dorsey

Father's
Name

Unknown

Father's
Birthplace

Ireland

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Ireland

Name of person giving
In formation

Geo L. Dorsey

How related
to deceased

Son

CAUSES OF DEATH

178

Primary

Cardiac Syncope

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

H. W. S. Sudler, M.D.

Address

3326 E. Balt St

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W E Hughes

For interment at
Baltimore Cemetery,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

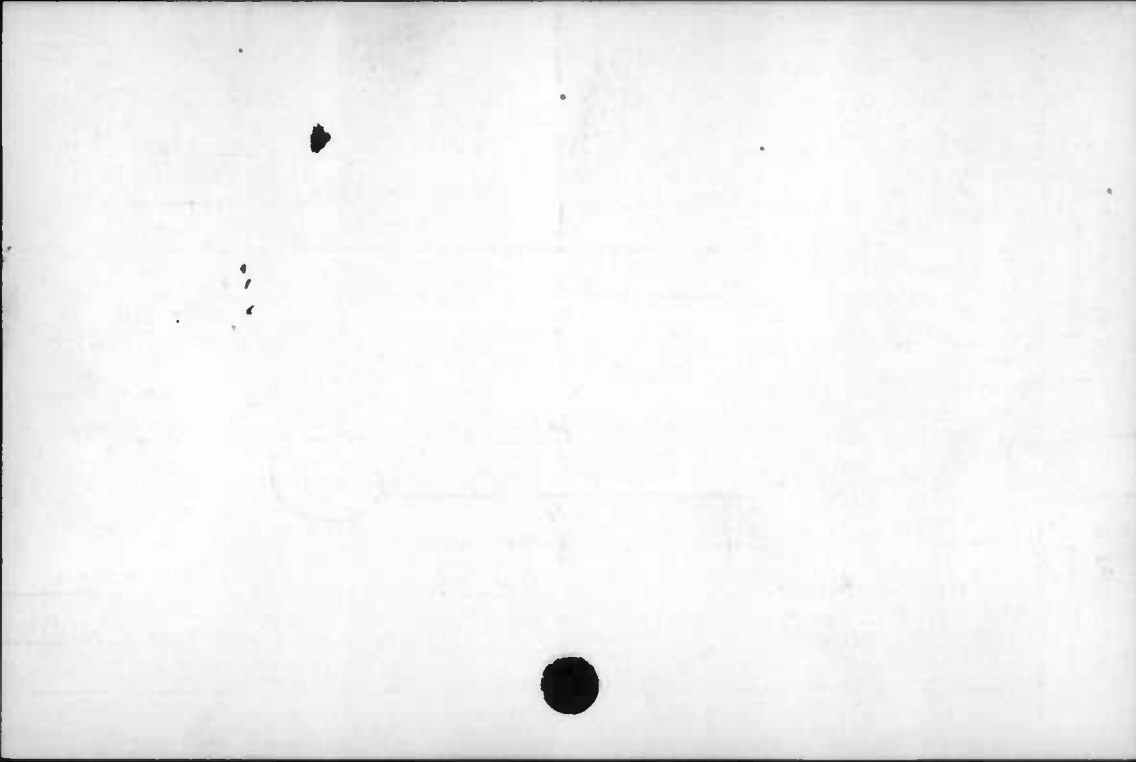
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Oct	16	72		2	1
Sex	Female		Color or Race	White		Birth-place	N.Y.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name		Thomas Ferguson				Father's Birthplace	
						Scotland	
Mother's Maiden Name		Julia Stanton				Mother's Birthplace	
						N.Y.	
Name of person giving information		B. F. Doty				How related to deceased	
						Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis		How long	2 years
Immediate	Cerebral Hemorrhage		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			F. C. Eldred M.D.	
			Address	
			Spurris Point.	
			Md	
Accident or Suicide?				



Name
In
Full

Simon Dowling -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

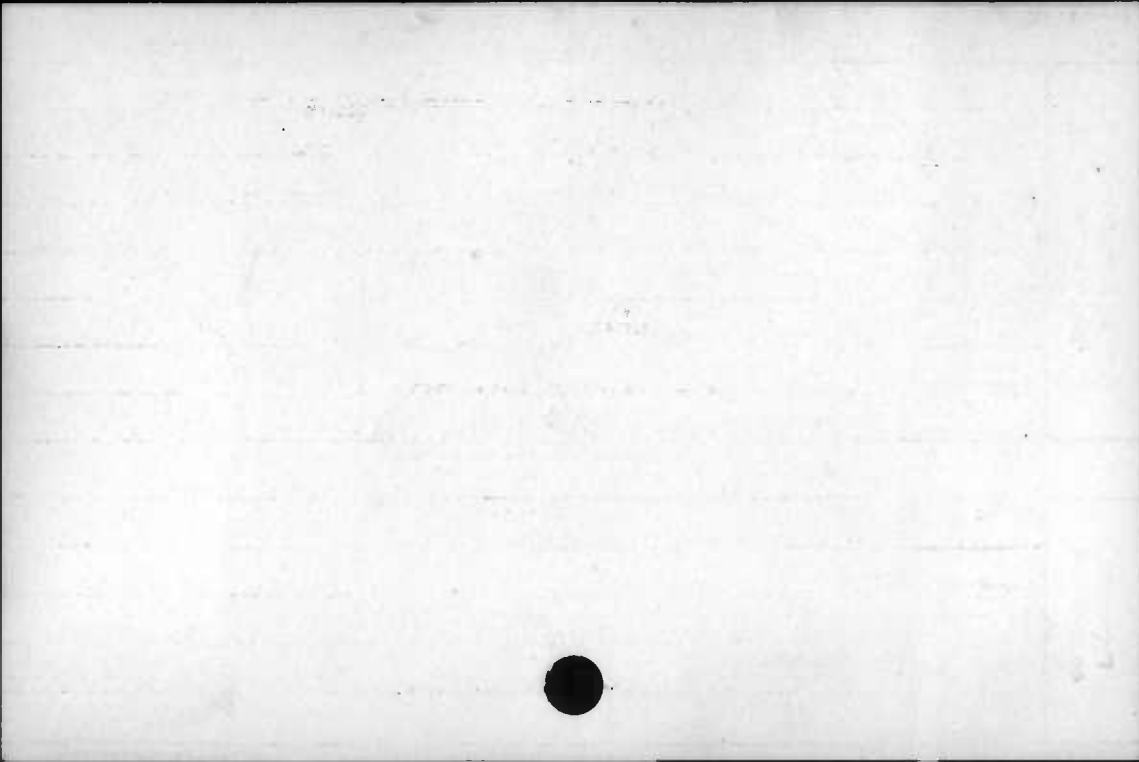
Died at <i>MT Hope Retreat</i>		County <i>Baltimore</i>	
Date of death	1908	Month	Oct
Day	26	Age	46
Years		Months	not known
Days			not known
Sex	Male	Color or Race	White
Birth place			Ireland
Occupation	Laborer		
Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Name of Wife or Husband <i>not known</i>		
Father's Name	<i>not known</i>		
Father's Birthplace	<i>not known</i>		
Mother's Maiden Name	<i>not known</i>		
Mother's Birthplace	<i>not known</i>		
Name of person giving information	<i>Recd. MT Hope</i>		
How related to deceased	<i>not at all</i>		

CAUSES OF DEATH

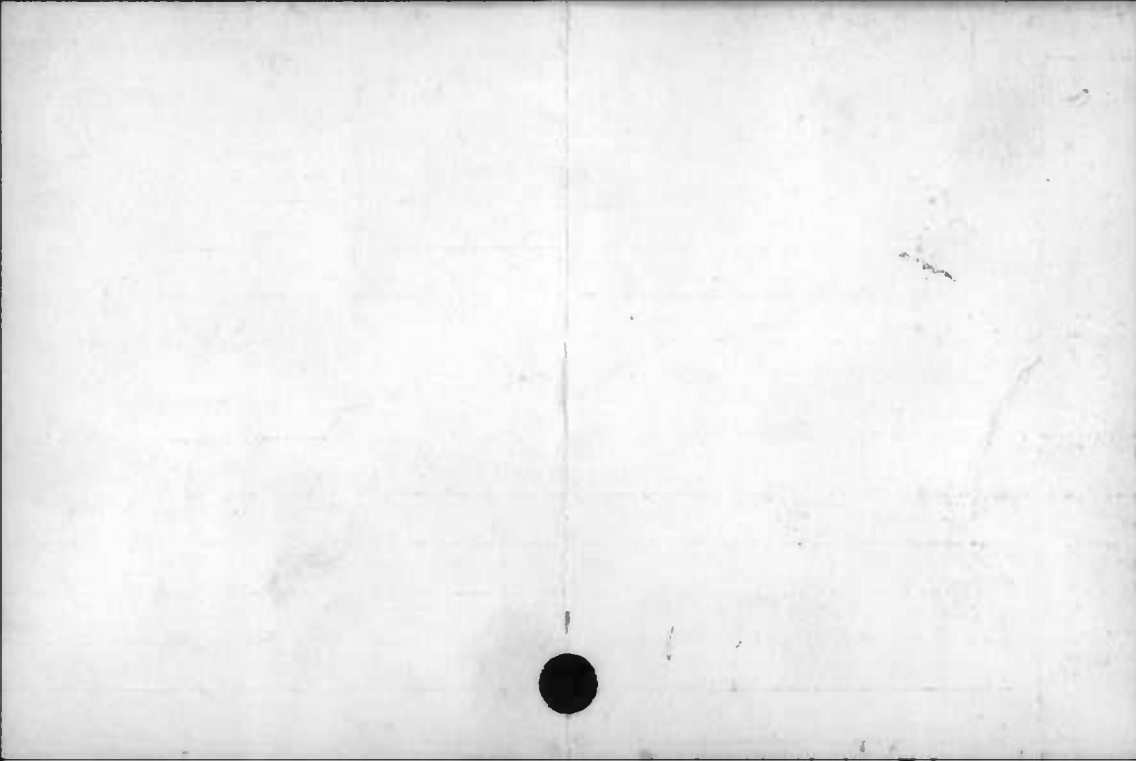
27

PHYSICIAN
OR CORONER

Primary	<i>Pul. Tuberculosis</i>	How long	<i>abt 2 yrs -</i>
Immediate	<i>Ex -</i>	How long	<i>10 or 12 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank J. Flannery</i>
Patient developed disease	<i>not known</i>	Address	<i>MT Hope Retreat -</i>
Accident or Suicide?	<i>not known</i>		



Name in Full Thos R Downs		Town Whitehall		County Balto		CERTIFICATE OF DEATH	
Died at						MARYLAND	
Date of death 1908		Month 10	Day 17	Age 64	Years	Months 6	Days 28
Sex Male		Color or Race White		Birth-place Md			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Susannah Downs					
Father's Name Abram Downs		Father's Birthplace Md					
Mother's Maiden Name Leah Rutledge		Mother's Birthplace Md					
Name of person giving information Susannah Downs		How related to deceased Wife					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">40</div>							
Primary Carcinoma of Bill and stomach		How long 18 months					
Immediate " " " "		How long " "					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Milton Carl Brumick Md.					
		Address Shrewsbury Pa.					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm. W. Dunn

Town

County

MARYLAND

Died at *Arlington*

Balto

Date of death 190 *8.*

Month

Day

Years

Months

Days

Och

21

Age *7*

5

Sex *Male*

Color or Race *White*

Birth-place *Balto.*

Occupation

Where Realding if not at place of death

Arlington

Married, Single or Widowed *Single*

Name of Wife or Huaband

Fathar's Name *Wm E. Dunn*

Fathar's Birthplace *Va*

Mother's Maiden Nama *Bertie E. Allen*

Mothar's Birthplace *Balto.*

Nama of person giving Information *Wm E Dunn*

How relatad to deceased *father.*

CAUSES OF DEATH

104

Primary *Acute Gastritis*

How long *5 days*

Immediate *Convulsions & Heart failure*

How long *6 hrs.*

Are the name, age, sex, color, data and placd correctly given above? *Yes*

Signature of Physician

E. E. Smith M.D.

Address

*1605 N. North Av
Balto. Md.*

Accidant or Suicide

PHYSICIAN
OR CORONER

Dr. Naylor.

Naylor Lane.

Mr. Charles Lee
Dec. 22/88.
Dear Prof
503 E. Ninth St

Name in Full		Maria Eckhardt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown	County Baltimore		MARYLAND	
	Date of death		1908	Month Oct	Day 24	Years 73	Months 10
							Days 28
	Sex	Female	Color or Race	White		Birth-place	Germany
	Occupation	None		Where Residing if not at place of death		255 S. Third St	
	Married, Single or Widowed	Widowed		Name of Wife or Husband		John H. Eckhardt	
	Father's Name	Karl Stillberg				Father's Birthplace	Germany
Mother's Maiden Name	Margareth Myers				Mother's Birthplace	Germany	
Name of person giving information	Mrs. J. A. Wager				How related to deceased	Daughter	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">179</div>							
PHYSICIAN OR CORONER	Primary	Asthemic					How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. S. Warner M.D.
					Address		320 Highland av.
Accident or Suicide?		no					

Dr. Warner

Balto. Cemetery

Oct 27/08

H. Sander & Sons

Name
in
Full

Leo Patrick Tiechely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death	1908	Month	Oct.	Day	26 th
Age	13	Years	11	Months	
Sex	Male	Color or Race	White	Birth-place	Balto. Co.
Occupation	None	Where lying in state place of death 2115 S. Clinton St.			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John T. Tiechely			Father's Birthplace	Balto. Co. Md.
Mother's Maiden Name	Mary Hammelman			Mother's Birthplace	Balto. Co. Md.
Name of person giving information	Mary Tiechely			How related to deceased	Mother

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	18 days
Immediate	Shock (from Perforation)		How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		M. J. McAvoy md. 839 S. Canton St. 12th District		

Holy Redeemer Cemetery

Oct 30th 1908

Lilly and Zeiler
Undertakers

Name
in
Full

William Samuel Furdall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>30</i>	Age <i>26</i>	Months <i>2</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Civil Engineer & Draftsman</i>	Where Residing if not at place of death <i>Towson</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Charles E. Furdall</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Laura Street</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Samuel R. Furdall</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis, Hemorrhages</i>	How long <i>3 years.</i>
Immediate <i>Staphylococcus with coma.</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physicians <i>R. M. [Signature]</i>
	Address <i>R. L. Massenburg</i>
Accident or Suicide? <i>No</i>	<i>9th District Towson</i>

John Burnis Sons

Rock Spring Cemetery -
Forest Hill.

Harford County

Name
in
Full

Fredrica Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highlandtown ^{County} Baltimore MARYLANDDate of death 1908 ^{Month} Oct ^{Day} 24 ^{Years} Age 28 ^{Months} — ^{Days} —Sex Female ^{Color or Race} White — ^{Birth-place} MarylandOccupation Housewife ^{Where Residing if not at place of death} 912 Third StMarried, ~~Single~~ or ~~Widowed~~ Married ^{Name of Wife or Husband} Herman FisherFather's Name John Leichner ^{Father's Birthplace} GermanyMother's Maiden Name Elizabeth Hofferbert ^{Mother's Birthplace} GermanyName of person giving Information Elizabeth Leichner ^{How related to deceased} Mother

CAUSES OF DEATH

137

Primary Miscarriage ^{How long} 11 DaysImmediate Septicemia ^{How long} 7 Days

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

Address

Dr. F. A. Slautz
3241 Eastern Ave.

Accident or Suicide

12th District

PHYSICIAN
OR CORONER

Mt Carmel Oct 26, 1908

Robt J. Turner,
Undertaker

Mt Carmel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry M. Fitzgerald

Died at 1016 Bouldin St. S.

Town

County

Balto

MARYLAND

Date
of death 1908

Month

Oct

Day

15th

Age

Years

2 - ~~2~~

Months

8

Days

—

Sex

Male

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Fitzgerald

Father's
Birthplace

Md.

Mother's
Maiden Name

Emma Kiefer

Mother's
Birthplace

Md.

Name of person giving
In formation

James Fitzgerald

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Post diphtheritic Paralysis

How long

3 weeks

Immediate

Cardiac Paralysis

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

M. S. McAvoy MD

Address

834 S. 6th St.
12th District

Accident or Suicide?

Zirkler + Zirkler
1739 E. Eager St.

Trinity Cemetery
Oct. 17-1908

Name in Full		Norman F Gilbert				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sparrow Pt		County Balto		MARYLAND	
	Date of death		1908	Month Oct	Day 17	Age 12	Months 7	
	Sex		Male		Color or Race	White		
	Occupation		None		Birth-place	Sparrow Pt		
					Where Residing if not at place of death	Sparrow Pt		
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Horace L Gilbert			Father's Birthplace		Carroll Co
Mother's Maiden Name		Anny J Davis			Mother's Birthplace		Balto	
Name of person giving information		Horace L Gilbert			How related to deceased		Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">47</div>								
PHYSICIAN OR CORONER	Primary		Inflammatory Pneumonia			How long		3 months
	Immediate		Acute Endocarditis & Sepsis			How long		4 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes.			Signature of Physician		Frank C Eldred
						Address		Sparrow Point Md.
Accident or Suicide? <input type="checkbox"/>								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Wesley Gill</i>		Town <i>Glyndon</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>Oct.</i>		Day <i>23</i>		Age <i>2</i>	
Date of death <i>1908</i>		Years <i>6</i>		Months <i>9</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Glyndon Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Mrs. Edna Gill</i>				Mother's Birthplace <i>Glyndon Md</i>			
Name of person giving information <i>Mr. John Shroyer</i>				How related to deceased <i>nucle</i>			

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary <i>Inflammation of Brain</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Drach</i>
	Address <i>Lockeysville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bartholomew Gluch</i>		Town <i>3412 Fair Ave</i>		County <i>Balto</i>		MARYLAND	
Died at <i>3412 Fair Ave</i>		Month <i>Oct</i>		Day <i>18</i>		Age <i>63</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Agnes Bartholomew</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Marquitta Gluch</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary

*Apoplexy***64**

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. S. Sudler
3326 E. Balto

Accident or Suicide?

Sacred Heart Cemetery

Oct 21st 1908

Lilly and Zeiler

Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mildred Gosnell</i>		Town <i>Granite</i>		County <i>Baile</i>		MARYLAND	
Died at <i>Granite</i>		Month <i>Oct</i>		Day <i>13</i>		Age <i>15</i>	
Date of death <i>1908</i>		Months <i>3</i>		Days <i>14</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Granite Ind</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Gosnell</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary R Daily</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Blair Gosnell</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary

Typhoid Pneumonia

How long

12 days

Immediate

Cardiac Asthenia

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. H. Thompson, M.D.
Granite, Ind
2nd District

Accident or Suicide?

—



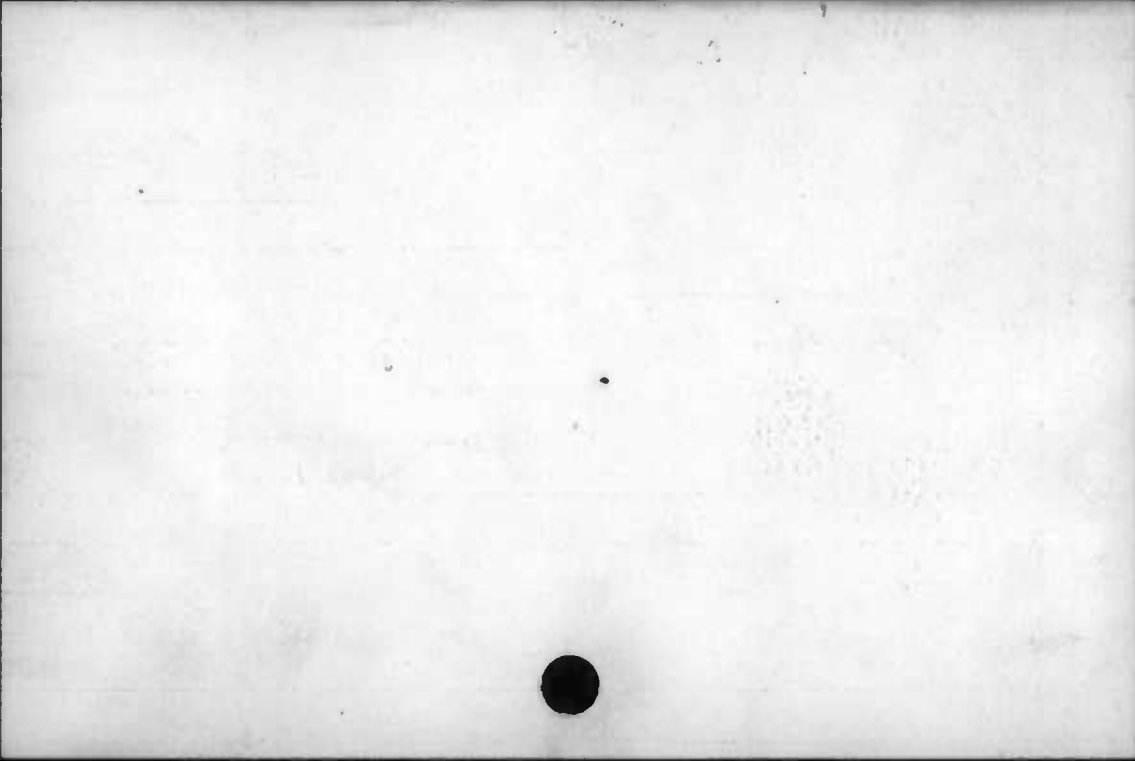
Name in Full		Emily Cornelia Wight Graves				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	IND			
		Gray Rock		near Pikesville	Baltimore				
		Date of death	1908	Month	Oct.	Day	3	Years	42
				Months		Days	15		
		Sex	Female		Color or Race	White		Birth-place	Richmond Va
		Occupation	None		Where Residing if not at place of death				
		Married, Single or Widowed	Married		Name of Wife or Husband			William Baker Graves	
		Father's Name	John Wight			Father's Birthplace	Richmond Va.		
		Mother's Maiden Name	Margaret Brown			Mother's Birthplace	Richmond Va.		
		Name of person giving information	Anne Melina Graves			How related to deceased	Daughter		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Myocarditis + Nephritis				How long	6 yrs.	
		Immediate	Pneumonia				How long	several days	
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		Thos H Brown	
						Address		19 N Broadway	
								Baltimore Md	
		Accident or Suicide?		No.					

Thor R. Brown

Biddle & Md Ave.

H. W. Jenkins & Sons Co.
Inducturers

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Bluemont</i>				<i>Baltimore</i>		MARYLAND			
		Date of death <i>1908</i>		Month <i>10</i>	Day <i>9</i>	Age <i>48</i>		Years		Months	Days
		Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place		<i>Maryland</i>			
		Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Mayfield</i>					
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Julia Hoall</i>		Father's Name <i>Charles Hoall</i>		Father's Birthplace <i>ind</i>			
		Mother's Maiden Name <i>Eloza Ellen Wilson</i>		Name of person giving information <i>Isaac Wilson</i>		Mother's Birthplace <i>ind</i>		How related to deceased <i>Cousin</i>			
						CAUSES OF DEATH		166			
		PHYSICIAN OR CORONER		Primary <i>Premature Explosion of Dynamite</i>				How long			
Immediate " " " " " "				How long							
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Alfred W. Sparks</i>							
Accident or Suicide? <i>accident</i>				Address <i>Parkton, Bk. Co. Md</i> <i>Coroner</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

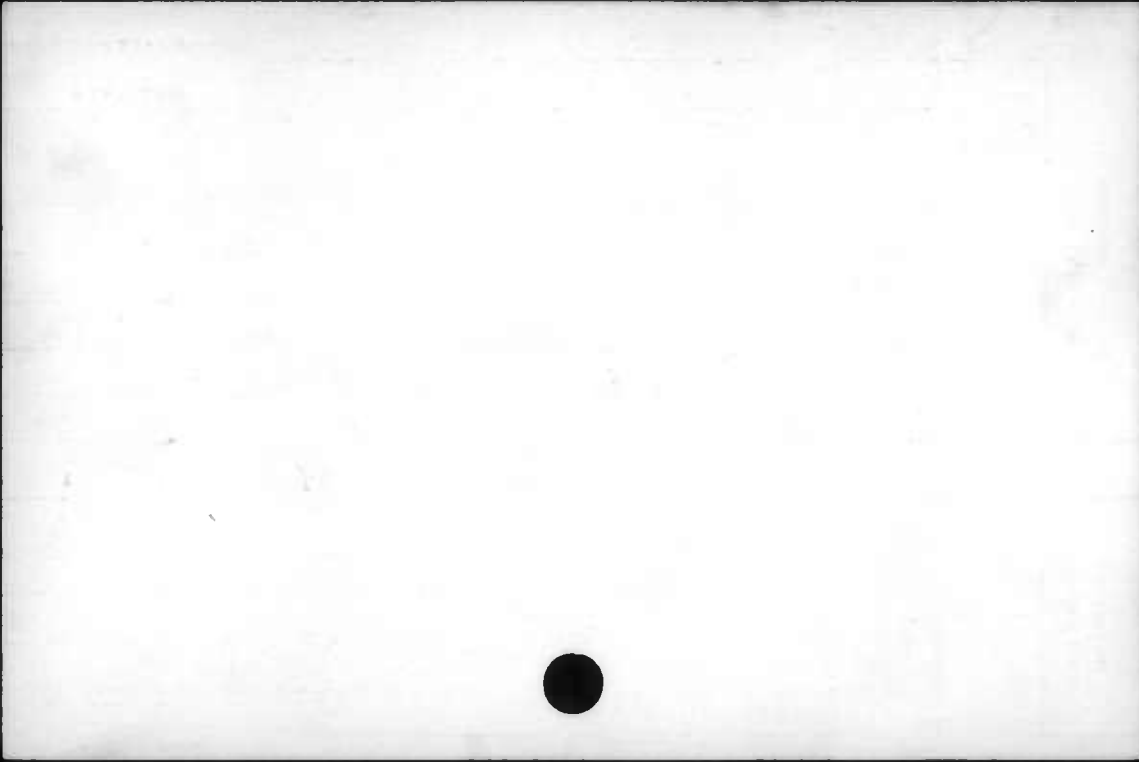
Died at		Town		County		MARYLAND	
Date of death		190	8	Oct	22	Age	34
Sex	Female	Color or Race	Colored		Birthplace	Montgomery Co Md	
Occupation	House wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Mathiasal Harden		
Father's Name	James Abender		Father's Birthplace		Nashville Tenn		
Mother's Maiden Name	Kidney Johnson		Mother's Birthplace		Harford Co		
Name of person giving Information	Robie Procter		How related to deceased		Sister		

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis		How long	1 year
Immediate	Weakness		How long	2 mo.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Glyndon Md	
			4th District	
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Harry Hardingham Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Lyoid ave - 13th St Baltimore

MARYLAND

Date
of death 190Month
Oct.Day
11

Age

Years

Months
3

Days

Sex

Male

Color or
Race

white

Birth-
placeBaltimore
July 11, 1900

Occupation

Child

Where Residing if not
at place of death

Lyoid ave

Married, Single
or Widowed

Single

Name of Wife or
Husband

Harry Hardingham

Father's
Name

Harry Hardingham

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Nora Fairall

Mother's
Birthplace

Baltimore

Name of person giving
Information

Frank G. Fairall

How related
to deceased

Uncle

CAUSES OF DEATH

179

Primary

Marasmus.

How long

3 months

Immediate

Cordiac Asthenia

How long

5 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. E. Zapp
3050 W. North ave

Accident or Suicide

PHYSICIAN
OR CORONER

Woodlawn Cemetery

Oct 12/1908

Wm Cook

502 E North Ave

Baltimore City

Name in Full <i>Wm. H. Harr</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Warren</i> Town		<i>Baltimore</i> County
	Date of death <i>1908 Oct. 31</i>		Age <i>33</i>
	Sex <i>male</i>	Color or Race <i>white</i>	Birthplace <i>Hoffmanville, Md.</i>
	Occupation <i>Clerk</i>	Where Residing if not at place of death <i>same</i>	
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Harr</i>	
	Father's Name <i>Geo. N. Harr</i>	Father's Birthplace <i>Balto. Co.</i>	
	Mother's Maiden Name <i>Matilda Fisher</i>	Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Geo N. Harr</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 1 yr</i>	
	Immediate <i>Meningeal Tuberculosis + Splenitis</i>	How long <i>12 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Burrey</i>	
		Address <i>Texas, Md.</i>	
		<i>8th District</i>	
Accident or Suicide?			

Funeral at Penlar

Nov 4th

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Year} <i>Oct.</i> ^{Month} <i>6</i> ^{Day}	Age <i>3</i> ^{Years} <i>3</i> ^{Months} <i>21</i> ^{Days}		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto.</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Leonhardt A. Hamner</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Katie Dister</i>	Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Leonhardt A. Hamner</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary <i>Septic Cellulitis—</i>	How long <i>3 to 4 days —</i>
Immediate <i>Toxemia—Cerebral syncope</i>	How long <i>Some hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. E. McClanahan M.D.</i>
	Address <i>619 S. Clinton St.</i>
Accident or Suicide?	

H. Sanders & Sons

Mt. Carmel
Cemetery. —

October 7th / 1908. —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Harthoff
Town *Bardenville* County *Baltimore* MARYLAND

Died at *Bardenville* Month *Oct* Day *29* Age *18* Years Months *7* Days *10*

Date of death 190 *8*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed ☒ Married Name of Wife or Husband

Father's Name *Frank Harthoff* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Setzer* Mother's Birthplace *Maryland*

Name of person giving Information *Frank Harthoff* How related to deceased *Father*

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *diabetes mellitus* How long *cannot say definitely*

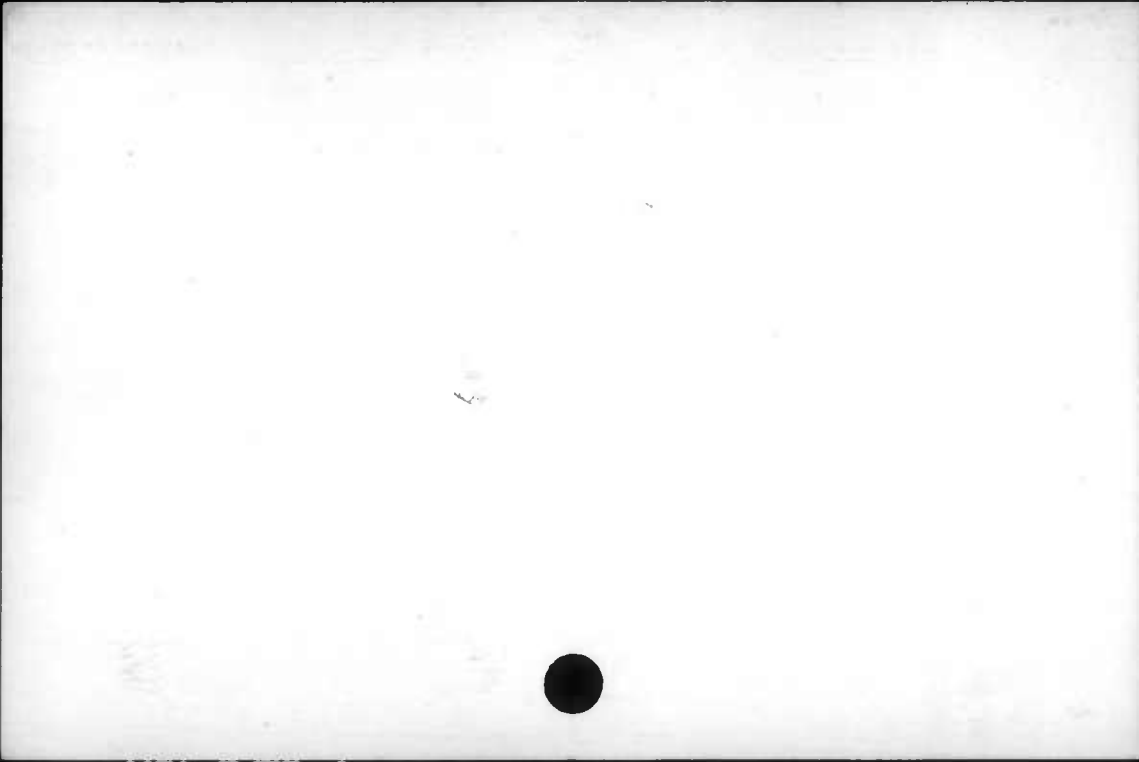
Immediate *diabetes mellitus*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. S. Stoner*

Address *1504 E. Egan St. Baltimore City*

Accident or Suicide *No*



Name
in
Full

Addalade Hawkins.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Ashland ^{County} and ^{County} Roland Park MARYLAND

Date of death 1908 ^{Month} Oct. ^{Day} 19 Age ^{Years} ^{Months} 3 ^{Days} 16

Sex Female Color or Race White Birth-place Lutherville

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Alfred Charles Hawkins

Father's
Birthplace

England

Mother's
Maiden Name

Addelaide Cousin

Mother's
Birthplace

England

Name of person giving
In formation

Alfred Charles Hawkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus.

How long

179

2 minutes

Immediate

Exhaustion.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Myman F Hill MD

Address

600 W. Whitman
Balt. Md.

Accident or Suicide?

John Burns Sons
Towns

Interment in
Prospect Hill
Cem.

Name
in
Full

Elsa L. Hayden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i>		Town <i>Wt Washington</i>		County <i>Balt.</i>		MARYLAND	
Date of death	1908	Month	10	Day	4	Age	Years <i>—</i> Months <i>—</i> Days <i>14</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Eugene W. Hayden</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Elsa Grafflin</i>					Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Robt. L. Grafflin</i>					How related to deceased	<i>Aunt</i>

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<i>Umbilical Hemorrhage</i>	How long	<i>2 hours</i>
Immediate	<i>Shock</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Beuten 244</i>	
<i>yes</i>		Address <i>Wt Washington</i>	
<i>10-10-1908</i>		<i>Ind</i>	
Accident or Suicide?			

Dund Ridge & Cushing

Oct. 5 - 1908

A. S. Marshall

3539 Falls Road

Name
in
Full

Mary Heinlein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Highlandtown* Town *Baers* County

MARYLAND

Date of death *1908* Month *Oct.* Day *11* Age *72* Years Months *8* Days *23*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Retired* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *John Heinlein*

Father's Name *Not known* Father's Birthplace *Germany*

Mother's Maiden Name *Not known* Mother's Birthplace *Germany*

Name of person giving information *Geo. Heinlein* How related to deceased *Son*

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary *Angina Pectoris* How long *1 day -*

Immediate *Heart block* How long *suddenly*

Are the name, age, sex, color, date and place correctly given above? *f*

Signature of Physician *Dr. J. B. Brundage*

Address *125 E. Broadway*

Accident or Suicide? *—*

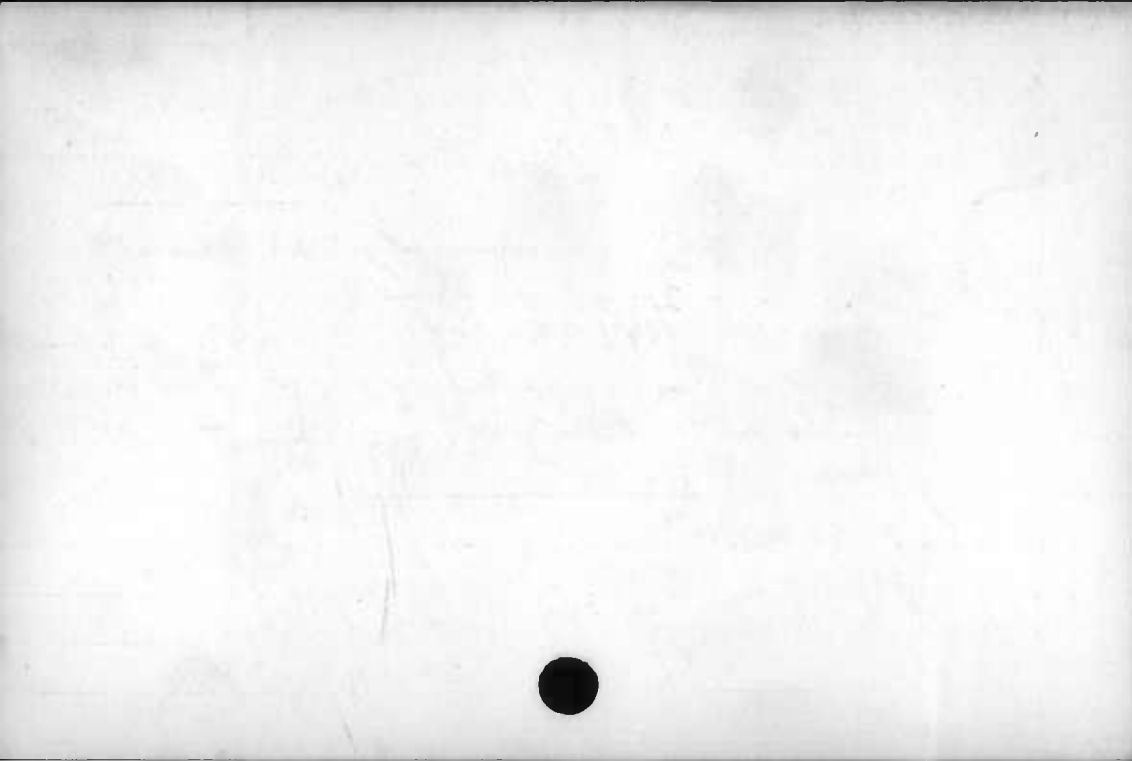
Dr. Bunker -

H. Bunker & Son,

St. Paul, Minn.

Oct. 14th 08.

Name in Full		Resse Hitchcock				CERTIFICATE OF DEATH				
		Town		County		MARYLAND				
TO BE ANSWERED BY NEAREST FRIEND		Died at		St. Agnes Hospital		County		Balto.		
		Date of death		1908	Month	Oct.	Day	2 nd	Age	16
		Sex		Male		Color or Race		White		
		Birth-place		Baltimore		Where Residing if not at place of death		St Agnes Hosp.		
		Occupation		Schoolboy		Name of Wife or Husband		-		
		Married, Single or Widowed		Single		Father's Name		Robert F. Hitchcock		
		Mother's Maiden Name		Bertha E. Meredith		Father's Birthplace		Virginia		
		Name of person giving information		Clara M. Barnes		Mother's Birthplace		Baltimore		
						How related to deceased		Aunt		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Typhoid fever		How long		7 weeks		
		Immediate		Intestinal obstruction following operation for perforation.		How long		36 hours		
		Signature of Physician		E. P. Sandrock, M.D.		Address		St. Agnes Hospital Baltimore		
		Accident or Suicide?								



Name
in
Full

Mr. Lucy Macdonough Hodges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Avalon</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct.</i>	Day <i>24</i>	Years <i>73</i>	Months <i>7</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pittsburgh, Pa.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Avalon, Balto. Co.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Rev. J. S. B. Hodges</i>			
Father's Name <i>Charles Shaker</i>			Father's Birthplace <i>Connecticut</i>		
Mother's Maiden Name <i>Mary Anne Riddle</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Rev. J. S. B. Hodges</i>			How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>6 or 7 hours</i>
Immediate <i>Syncope - Cerebral hemorrhage?</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Eacockson</i>
	Address <i>Eek Ridge</i>
Accident or Suicide?	

Place of burial Allegheny Cemetery
Pittsburg Pa.

Henry W. Jenkins & Sons Co
Funeral Directors

300 W. Madison St
Baltimore Md.

Name
in
Full

Still Birtch - Homer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt. Washington ^{County} Balt Co		MARYLAND	
Date of death 1908 Oct 8	Age 6 1/2 Yrs	Months	Days
Sex female	Color or Race White	Birth-place Mt. Washington	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name Charles C. Homer Jr	Father's Birthplace Balto. Md.		
Mother's Maiden Name Margaretta V. Lackey	Mother's Birthplace Washington D.C.		
Name of person giving information Dr. D. L. D. L.	How related to deceased Family Doctor		

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

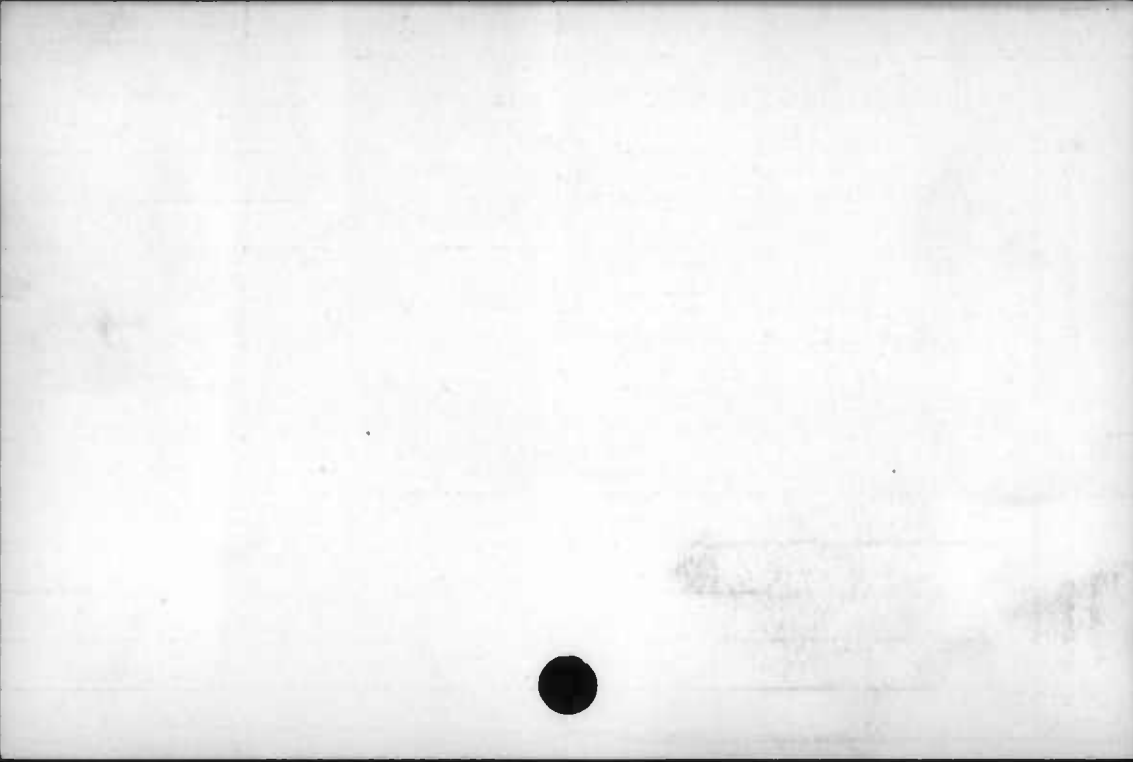
Primary	How long
Premature Birtch	6 1/2 Yrs
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician T. L. D. L.
	Address 1129 W. Ward Dr
	Encl. - The
Accident or Suicide?	

² H O Hughes
17 S Brady

then to
Landon Park
Cemety

17 S Brady

Name in Full		MARGARET A. HORSLEY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Garrison Point		Bald		MARYLAND	
	Date of death	1908	Oct	26	Age	Years	Months
	Sex	Female		Color or Race	Negro		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Henry Horsley				Father's Birthplace	Va.
	Mother's Maiden Name	Alveta Chesley				Mother's Birthplace	Md.
Name of person giving information	Henry Horsley				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	151
	Immediate	Inanition.				How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	Joe Blair J.P.
						Address	Garrison Point Md.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Hubbe</i>		Town <i>Hopkinton</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Hopkinton</i>		Month <i>Oct.</i>		Day <i>10</i>		Years <i>52</i>	
Date of death <i>190</i>		Month <i>Oct.</i>		Day <i>10</i>		Years <i>52</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore</i>			
Occupation <i>Cropper</i>		Where Residing if not at place of death <i>3302 Henderson St</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katie Hubbe</i>					
Father's Name <i>Herman Hubbe</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Brother</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>6 mos from history</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Groshans</i>
	Address <i>1303 Light St</i>
Accident or Suicide <i>no</i>	

Schultz Lemery
Wm. Cook
5026 North Ave
Balt. City.

Name
in
Full

Marion H Hutchison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Halethorpe		Baltimore		MARYLAND	
Date of death		1908	Oct	24	Age	20	
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Baltimore Md	
Where Residing if not at place of death		Halethorpe Baltimore Md					
Married, Single or Widowed		Single					
Name of Wife or Husband		—					
Father's Name		Edward W Hutchison				Father's Birthplace	
Mother's Maiden Name		Susie E Dean				Mother's Birthplace	
Name of person giving Information		Edward W Hutchison				How related to deceased	
						Father	

CAUSES OF DEATH

120

Primary	Bright's Kidney	How long	18 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J B Hall	
		Address	
		Mt Winous	
Attendant of		Side	

PHYSICIAN
OR CORONER

For. B. book
Vanderm Park

Name
in
Full

Lucy A. James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Charlottesville</i>		^{County} <i>Bath</i>		MARYLAND	
Date of death	<i>1908</i>	^{Month} <i>Oct</i>	^{Day} <i>9</i>	^{Years} <i>86</i>	^{Months} <i></i> ^{Days} <i></i>
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>—</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>M.</i>		Name of Wife or Husband	<i>William James</i>	
Father's Name	<i>Robert Dunn</i>		Father's Birthplace	<i>Scotland</i>	
Mother's Maiden Name	<i>Lucy. Angus</i>		Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>James A. James</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Rectum</i>	How long	<i>2 years.</i>
Immediate	<i>General Weakness.</i>	How long	<i>2 years.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. Duval Atkinson</i>
		Address	<i>921 N. Charles St.</i>
Accident or Suicide?			

Greenmount Ave

Henry W. Jenkins Sons Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Mrs. & Ebbie Jenkins —

Town Barton County Baltimore

Died at Hutchinson MARYLAND

Date of death 1908 Month Oct Day 20 Age — Years — Months — Days —

Sex Male Color or Race White Birth-place # Cork

Occupation Infant Where Residing if not at place of death 1607 S. Clark

Married, Single or Widowed Single Name of Wife or Husband Mr. Jenkins

Father's Name Mr. Jenkins Father's Birthplace Hancock

Mother's Maiden Name Ebbie. M. Leary Mother's Birthplace Washington

Name of person giving Information Mr. Jenkins How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born infant ✓ How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? #

Signature of Physician Mrs. Ida Shipley

Address 3403 / St. Ann

Accident or Suicide —

Mrs. Carmel
Carmel

Name
in
Full

Carolene Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sparrows Point		County Balto.		MARYLAND	
Date of death	1908	Month Oct.	Day 11	Age Years	18	Months	Days
Sex	Female		Color or Race	Negro.		Birth- place	Virginia
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Nella Johnson					Mother's Birthplace	Va.
Name of person giving In formation	Amelia Mason					How related to deceased	Aunt

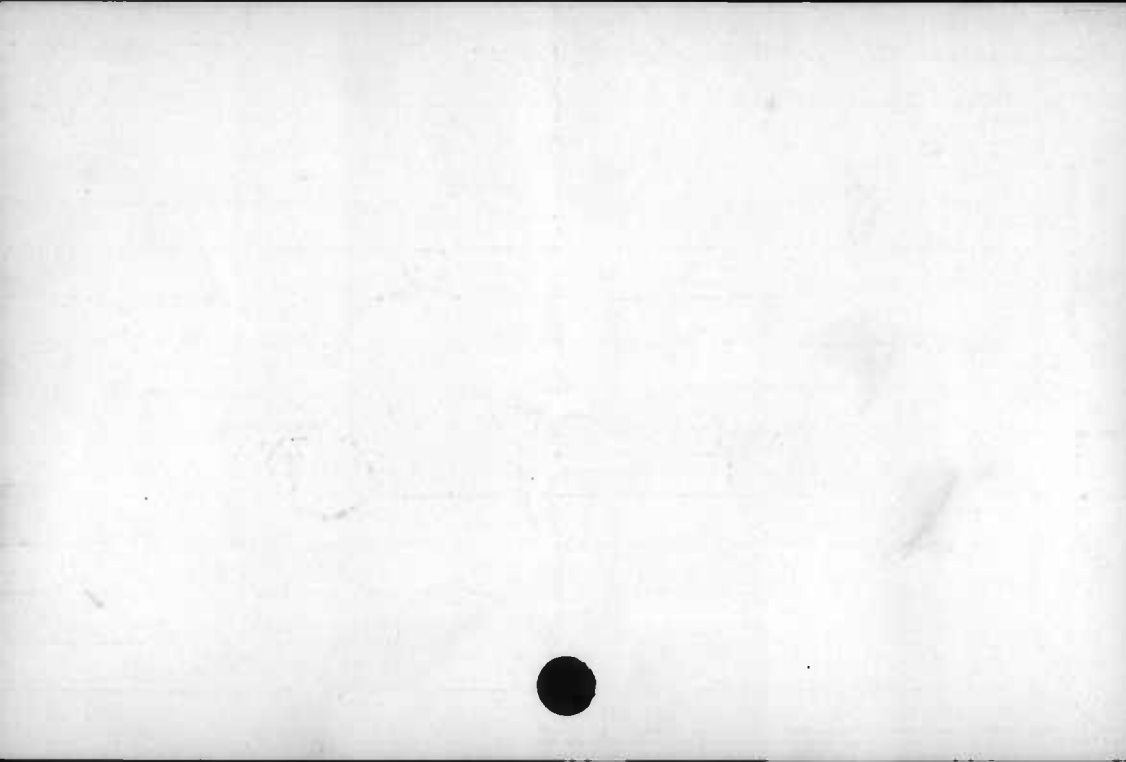
CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Supposed to be		How long
Immediate	Tuberculosis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		15th District	

Dr. Blair Coroner
Sparrows Point
Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

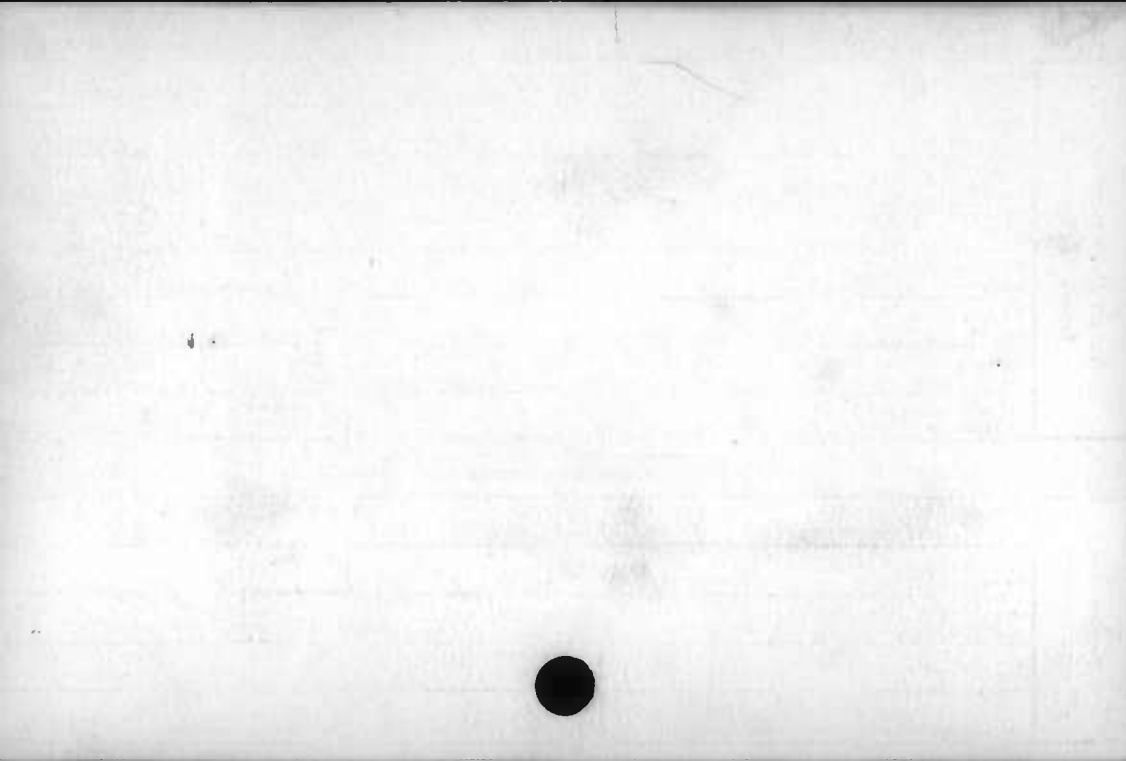
Name in Full <i>Isaac Johnson</i>		Town <i>Rossilla</i>		County <i>Baltimore Co.</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Age <i>55</i>		Months <i>unknown</i>	
Month <i>Oct</i>		Day <i>7</i>		Years <i>55</i>		Days <i>unknown</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>			
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death <i>Rossville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Johnson</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>William Smith</i>		How related to deceased <i>unknown</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>Sudden</i>
Immediate	<i>Hemorrhage</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Gettman</i>	
		Address <i>Rossville, Baltimore - Md.</i>	
Accident or Suicide? <i>Natural death</i>		<i>Acting Coroner</i>	



Name
in
Full

George Thomas Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lanraville		County Bulter		MARYLAND	
Date of death	190	Month Oct	Day 27	Age 41	Years	Months	Days
Sex	Male		Color or Race	Colored		Birth- place	Maryland
Occupation	Teamster			Where Residing if not at place of death At place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Gertrude Jones			
Father's Name	John Henry Jones					Father's Birthplace	Maryland
Mother's Maiden Name	Mary Elizabeth Young					Mother's Birthplace	Maryland
Name of person giving In formation	Howard Jones					How related to deceased	Birther

CAUSES OF DEATH

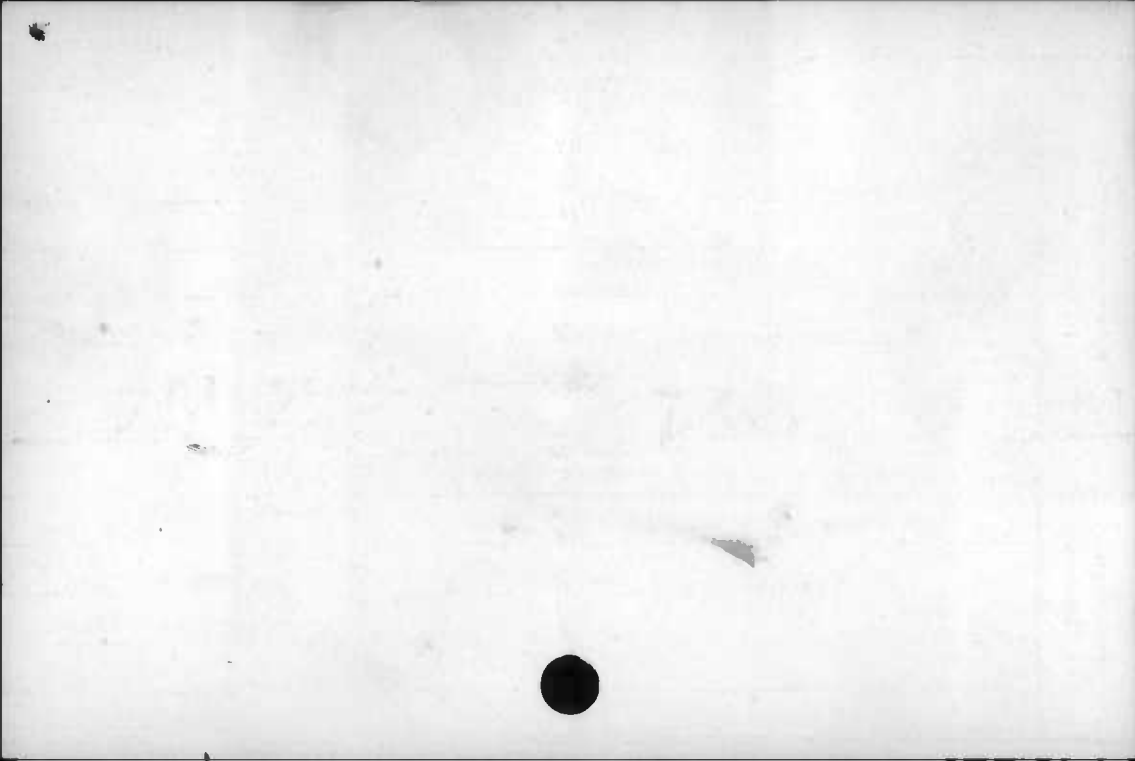
79

PHYSICIAN
OR CORONER

Primary	Organic Heart	How long	1 yr.
Immediate	Organic Heart	How long	1 yr.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry A. Long M.D.
		Address	Hamilton
Accident or Suicide?	No		and

Int Zion Cemetery ✓

Name in Full Laura Jones		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Poplar Heights <small>Town</small>		Balto- <small>County</small>	
	Date of death 1908 <small>Month</small> Oct <small>Day</small> 18		4 <small>Months</small> - <small>Days</small>	
	Sex Female	Color or Race Col.	Birth-place Poplar Heights	
	Occupation		Where residing if not at place of death	
	Married, Single or Widowed Infant	Name of Wife or Husband -		
	Father's Name Chas. Jones	Father's Birthplace Md.		
Mother's Maiden Name Mrs. Brown	Mother's Birthplace Md.			
Name of person giving information Chas. Jones	How related to deceased Father			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Marasmus	How long Two months	179	
	Immediate Exhaustion	How long 4 h hours		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. K. Peltier M.D.	
	Address Sparrow's Pt. Md.			
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

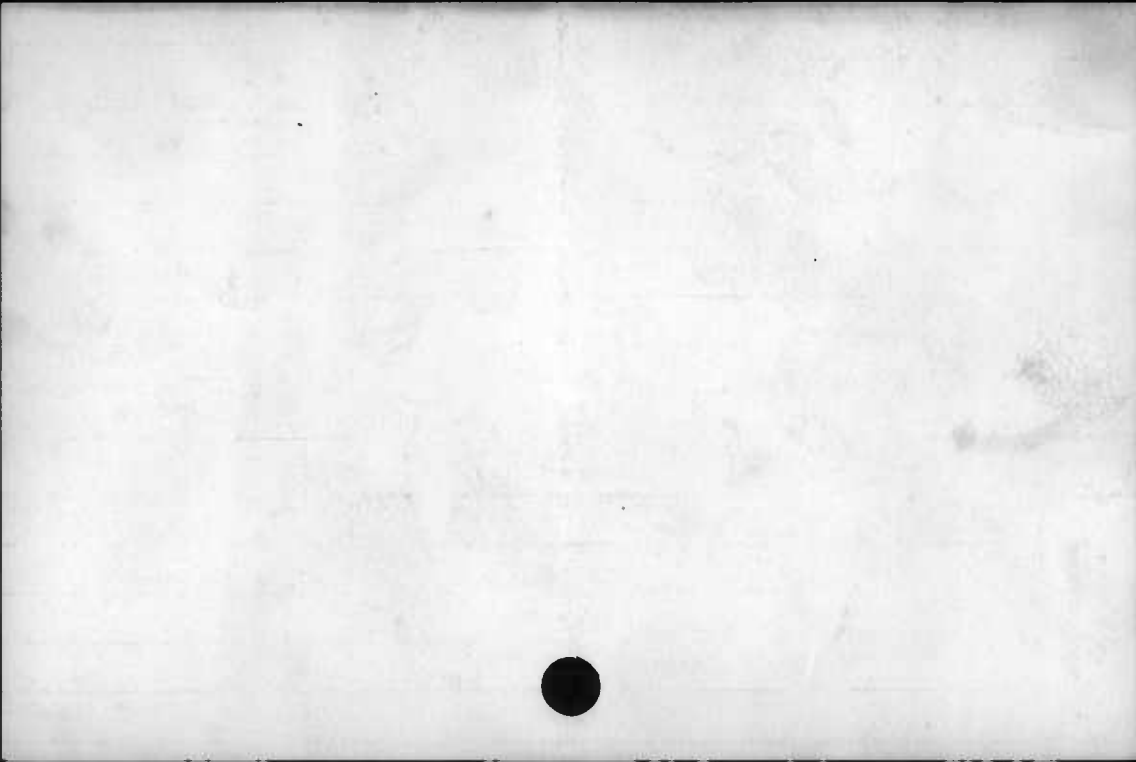
Died at <i>Poplar</i> Town <i>Highland</i> County <i>Balto.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>5</i>	Age <i>5</i> Years
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Md.</i>	Months <i>3</i> Days
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Charles Jones</i>	Father's Birthplace <i>Georgia</i>		
Mother's Maiden Name <i>Jessie Jackson</i>	Mother's Birthplace <i>W.</i>		
Name of person giving information <i>Charles Jones</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>2 months</i>
Immediate	<i>Septicemic Colitis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. C. Eldred M.D.</i>	
		Address <i>Spencer Point Md.</i>	
<i>Accident or Suicide?</i>			



Name
in
Full

Benjamin F. Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Health Town} 996 Falls Road		County ^{Pratto}		MARYLAND	
Date of death	1908	Month	Oct	Day	29
Age	80	Years		Months	1
		Days	13		
Sex	Male	Color of Race	white	Birth-place	Balti Co Md
Occupation	dry lot	Where Residing if not at place of death 996 Falls Road			
Married, Single or Widowed	Married	Name of Wife or Husband Mary d. Kidd			
Father's Name	Daniel Kidd	Father's Birthplace Balt Co Md			
Mother's Maiden Name	Mary Kidd	Mother's Birthplace " " "			
Name of person giving information	Mary Kidd	How related to deceased Wife			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	One year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. C. Kelly, M.D.
		Address	3849 Roland Ave Baltimore
Accident or Suicide?			

Baltimore Cemetery

Nov. 1-1908

N. S. Marshall
3539 Falls Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Augustus A. Kinstendorff, Jr.

Died at

Hamilton

Town

Baltimore

County

MARYLAND

Date

of death 1908

Month

10

Day

19

Age

Years

Months

Days

6 hours

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

A

Where Residing if not
at place of death

Hamilton Baltimore Md

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Augustus A. Kinstendorff

Father's
Birthplace

Maryland

Mother's
Maiden Name

Julia E. H. Schulz

Mother's
BirthplaceHow related
to deceased

Father

Name of person giving
information

CAUSES OF DEATH

151

Primary

Premature birth

How long

6th month

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. S. Schmitt

Address

1501 E. Payson

Baltimore City

Accident or Suicide?

yes

PHYSICIAN
OR CORONER

Baltimore Cemetery
Find less about Leno

Name in Full		Joseph Walters Kleeman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Pikerville		County Baltimore		MARYLAND	
	Date of death	1908	Month 10	Day 21	Age 13	Months	Days
	Sex	Male		Color or Race	White		
	Birth-place	Balto. Co.					
	Occupation	School Boy			Where Residing if not at place of death Pikerville		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Jas. E. Kleeman				Father's Birthplace	Balto. Co.
Mother's Maiden Name	Albertine Walters				Mother's Birthplace	Balto. Co.	
Name of person giving information	Albertine Walters				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Inflammation of heart				How long	Several years
	Immediate	Pulmonary congestion				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				W. B. M.		
				Address Pikesville Md.			
Accident or Suicide?							



Name
in
Full

Emily J Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mundor Heights*

Town

Balto Co.

County

MARYLAND

Date of death *1908* *October* *16*

Month

Day

Age *52*

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Baltimore*

Occupation

*Music teacher*Where Residing if not
at place of death*36 Parkin St. Balto.*~~Married~~ Single
~~or Widowed~~Name of Wife or
HusbandFather's
Name*John J. Klein*Father's
Birthplace*Germany*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Germany*Name of person giving
In formation*Mr Joseph Bauer*How related
to deceased*2nd Cousin-
German*

CAUSES OF DEATH

79PHYSICIAN
OR CORONER

Primary

Chr. Valvular disease

How long

5 or 6 yrs

Immediate

Anaemia & Pulm. Oedema

How long

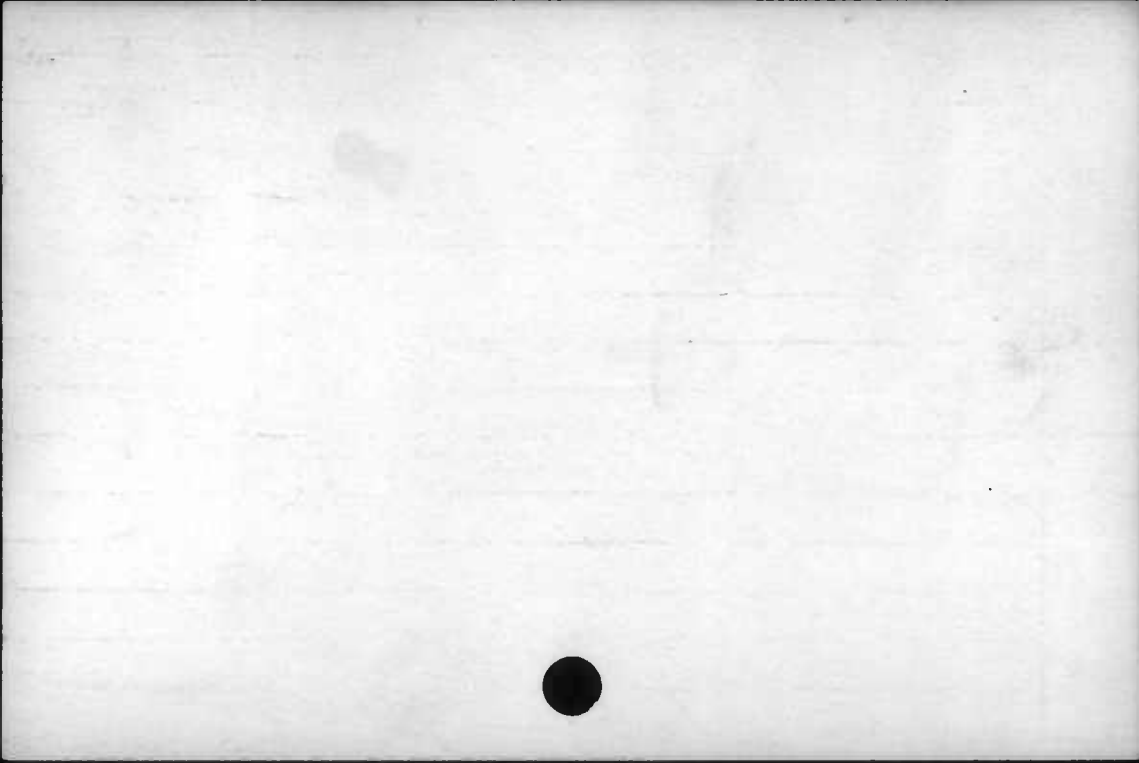
*2 or 3 wks.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. W. Keown*

Address

1938 Linden Ave

Accident or Suicide?

No



Name
in
Full

Jas A. Knell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Morrell Park		County Balto		MARYLAND	
Date of death		1908	Month Oct	Day 9	Age 5	Years	Months —
Sex male		Color or Race white		Birth- place Balto Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband —			
Father's Name		Geo. A. Knell		Father's Birthplace		Md	
Mother's Maiden Name		Elsie Fisher		Mother's Birthplace		Md	
Name of person giving In formation		Geo. Knell		How related to deceased		grand father	

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	Laryngeal diphtheria	How long	2 days
Immediate	Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Geo. S. M. Kieffer	
		Address	
		Morrell Park	
		13th District	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Alga Theresa Krager

town

County

MARYLAND

Died at *200 Sixth St*

Date

Month

Day

Years

Months

Days

of death *1908 Oct 6*

Age

2+

Sex

Female

Color or
Race

White

Birth-
place

Balto W

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Adolph Krager

Father's
Birthplace

German

Mother's
Maiden Name

Annie Epp

Mother's
Birthplace

51

Name of person giving
In formation

Annie Krager

How related
to deceased

Mother

CAUSES OF DEATH

157

Primary

Transection

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Correct

Address

3326 E Balto St

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

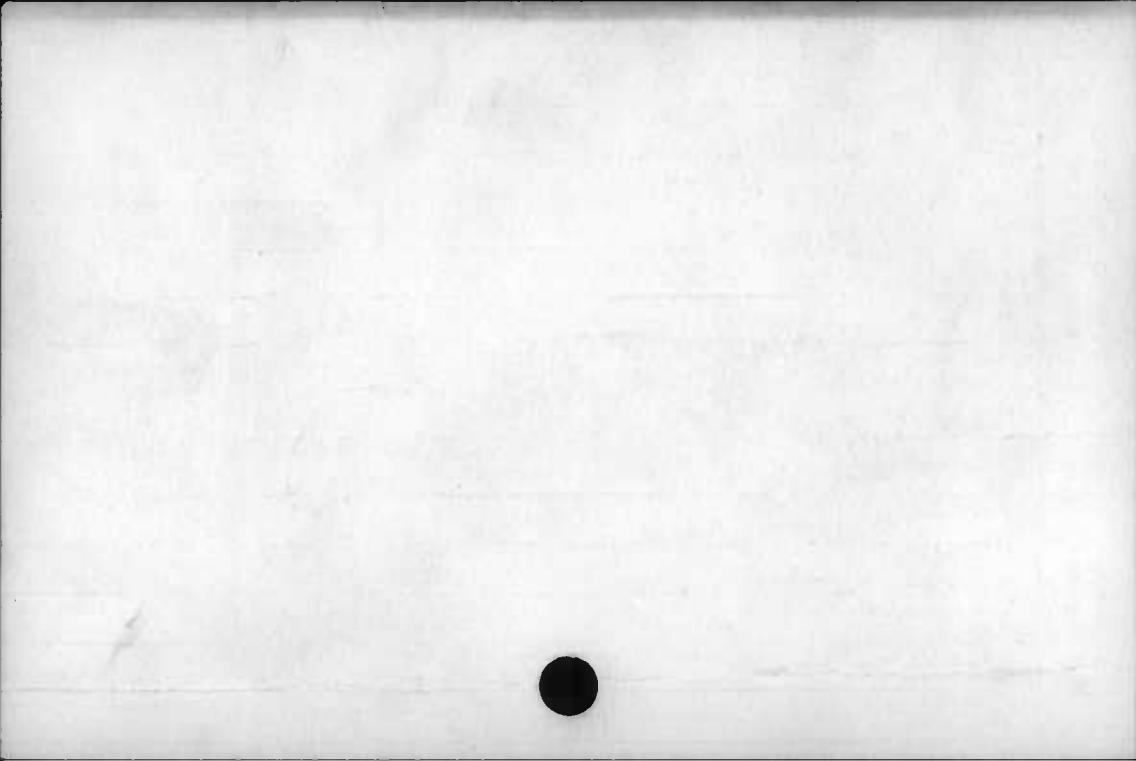
PHYSICIAN
OR CORONER

10th Evangelical Sem.

Oct 7/08

H. Sander Lovers

Name in Full		Lacey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sweet air	County Baltimore		MARYLAND	
	Date of death	1908	Month Oct.	Day 19	Age 0	Months 0	Days 0
	Sex	male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	Nicholas Lacey				Father's Birthplace	Govanstown, Md.
PHYSICIAN OR CORONER	Mother's Maiden Name	Har Susie L. Bradley				Mother's Birthplace	Harford Co., Md.
	Name of person giving information	Nicholas Lacey				How related to deceased	father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Still born					How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		yes				
	Accident or Suicide?		no				
		Signature of Physician		Thos. H. Emory Jr. D.			
		Address		Monteton, Md.			



Name
in
Full

Myrtle Lund

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Piplar Heights Baltimore* Town *Baltimore* County *MARYLAND*

Date of death *1905 Oct. 27* Month *Oct.* Day *27* Age *3* Years *3* Months *3* Days

Sex *Female* Color or Race *Negro* Birth-place *Piplar Heights*

Occupation *Wm* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

How long

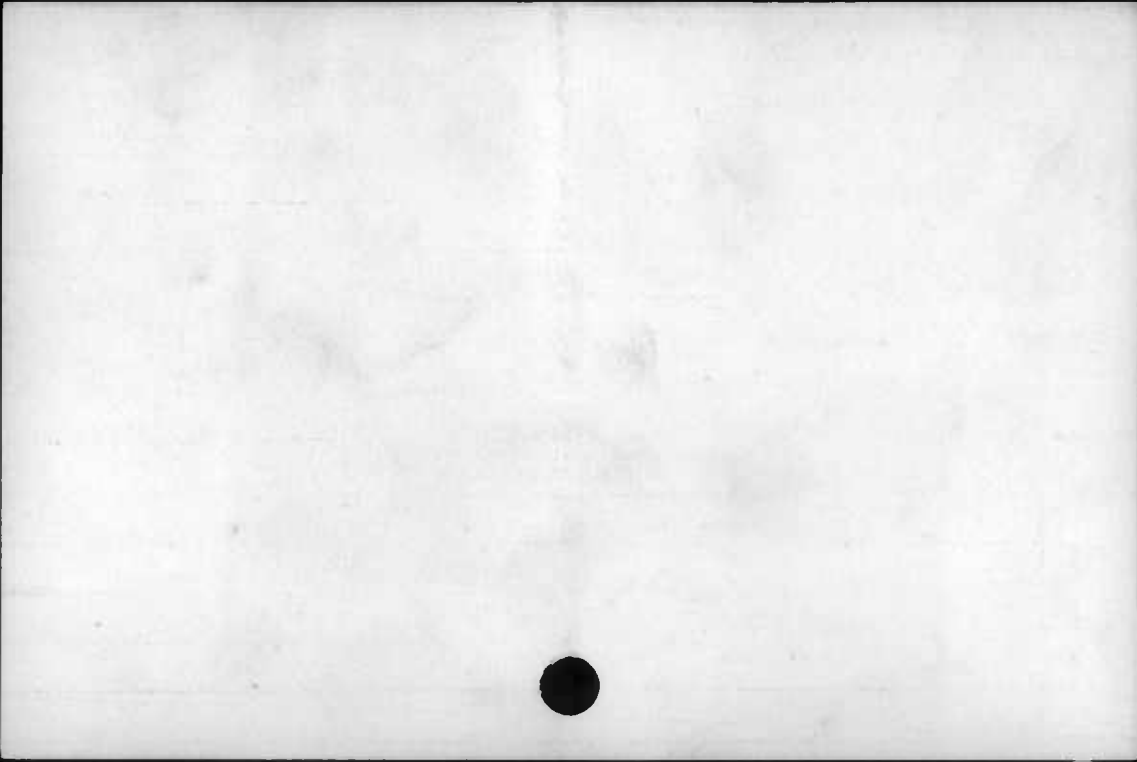
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

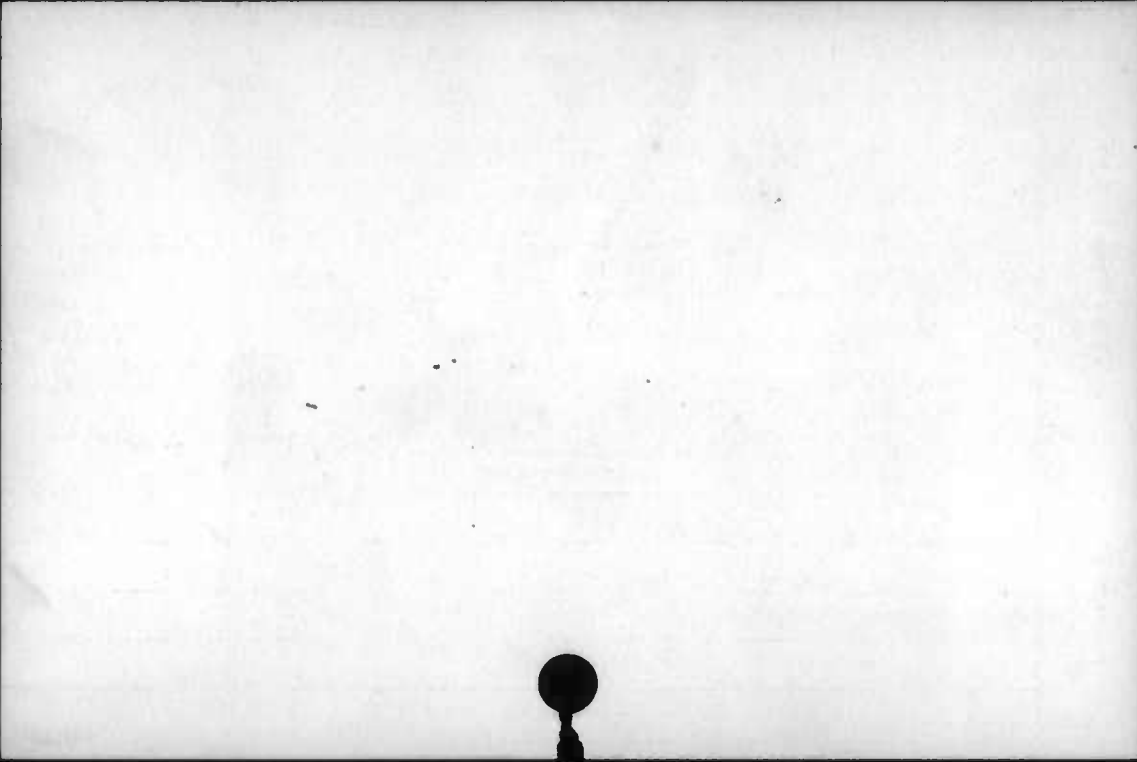
Died at *Owings Mills* ^{Town} *Baltimore* ^{County}Date of death 1908 *Oct* ^{Month} *13* ^{Day} Age *60* ^{Years} Months DaysSex *Female* Color or Race *White* Birth-place *Ind*Married, ~~Single~~
~~or Widowed~~Occupation *—*Name of Wife or ~~Husband~~ *Wm. J. Barker*Father's Name *Henry Fraule*Father's Birthplace *Unknown*Mother's Maiden Name *Hannah High*Mother's Birthplace *Unknown*Name of person giving information *Charles Barker*How related to deceased *Son*

CAUSES OF DEATH

Primary *Typhoid Fever & Bacteremia*
Ulcers
Immediate *Ulcers*How long *3 or 4 mo.*How long *3 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Thos. P. Rice*Address *Glyndon*

Accident or Suicide?

4th Street Ind



Name
in
Full

Mary E Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

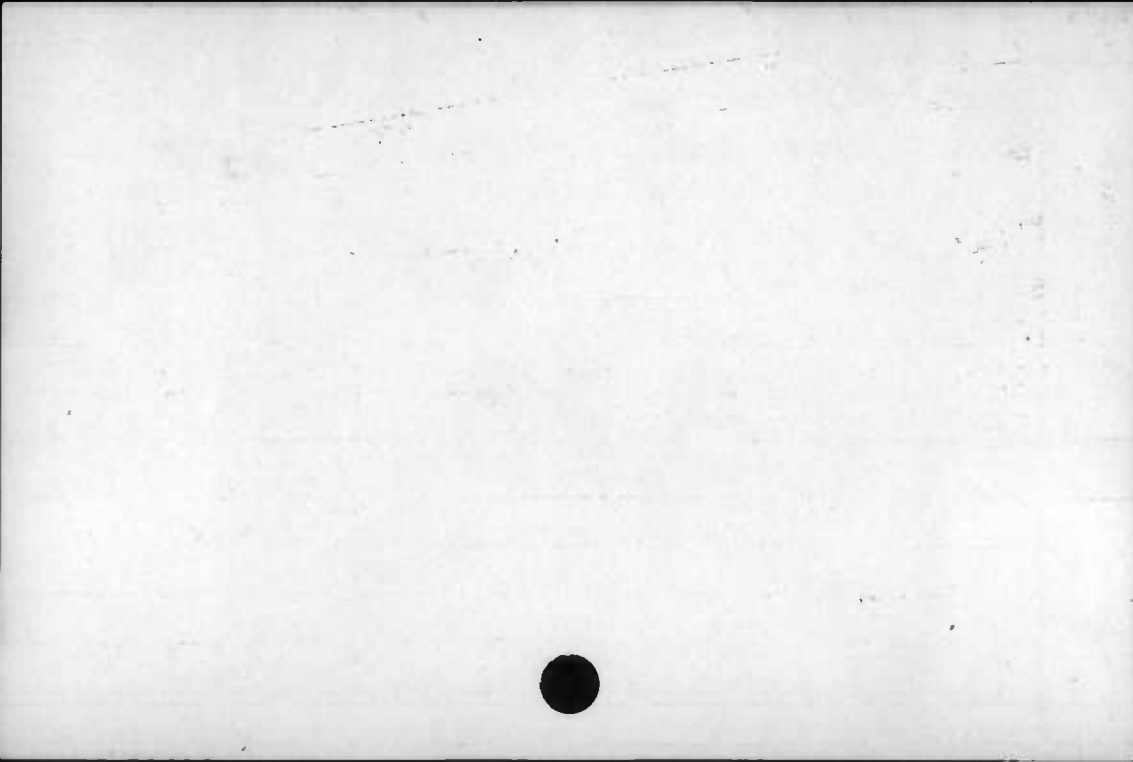
Died at <u>Mt Hope Retreat</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>Oct</u>	Day <u>5</u>	Age <u>76</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Wife of machinist</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>not known</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>not known</u>				
Name of person giving information <u>Reeds Mt Hope</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>mania senile</u>	How long <u>8 wks</u>
Immediate <u>St - chr - Bright's Dis -</u>	How long <u>not known</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank J Flannery</u>
	Address <u>Mt Hope Retreat</u> <u>Baltimore Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George W. Lloyd

Town

County

Died at

Grange

Baltimore

MARYLAND

Date

of death 1908

Month

10

Day

18

Years

Age 33

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Driver

Where Residing if not
at place of death

W. Point Road near Eastern

Married, Single
or Widowed

Married

Name of Wife or
Husband

Catherine M. Lloyd

Father's
Name

Geo. Lloyd

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Anna Lloyd

Mother's
BirthplaceName of person giving
Information

Catherine M. Lloyd

How related
to deceased

Wife

CAUSES OF DEATH

64

Primary

Arterio - Sclerosis

How long

Unknown

Immediate

Apoplexy

How long

1/2 hr

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Dr. F. A. Glantz

Address

3241 Eastern Ave. - E.

Accident or Suicide

PHYSICIAN
OR CORONER

Mr Carmel Kern,

J Herwig & Son
10/20/08

Name
in
Full

Emma L. Loo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Raspelburg</u> Town		<u>Balt.</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>1</u>	Age <u>1</u> Years	Months <u>8</u>	Days <u>5</u>
Sex <u>F</u>	Color or Race <u>M</u>		Birth-place <u>Balt. Co. Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Fred. M. Loo</u>			Father's Birthplace <u>Balt. Md.</u>		
Mother's Maiden Name <u>Emma Koehler</u>			Mother's Birthplace <u>Balt. Md.</u>		
Name of person giving information <u>F. M. Loo</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tubercular meningitis</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Wilkinson</u>
	Address <u>Raspelburg Md.</u>
Accident or Suicide? <u>14th District</u>	

F. Lassalle & Sons

~~Bath County~~

Trinity County

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

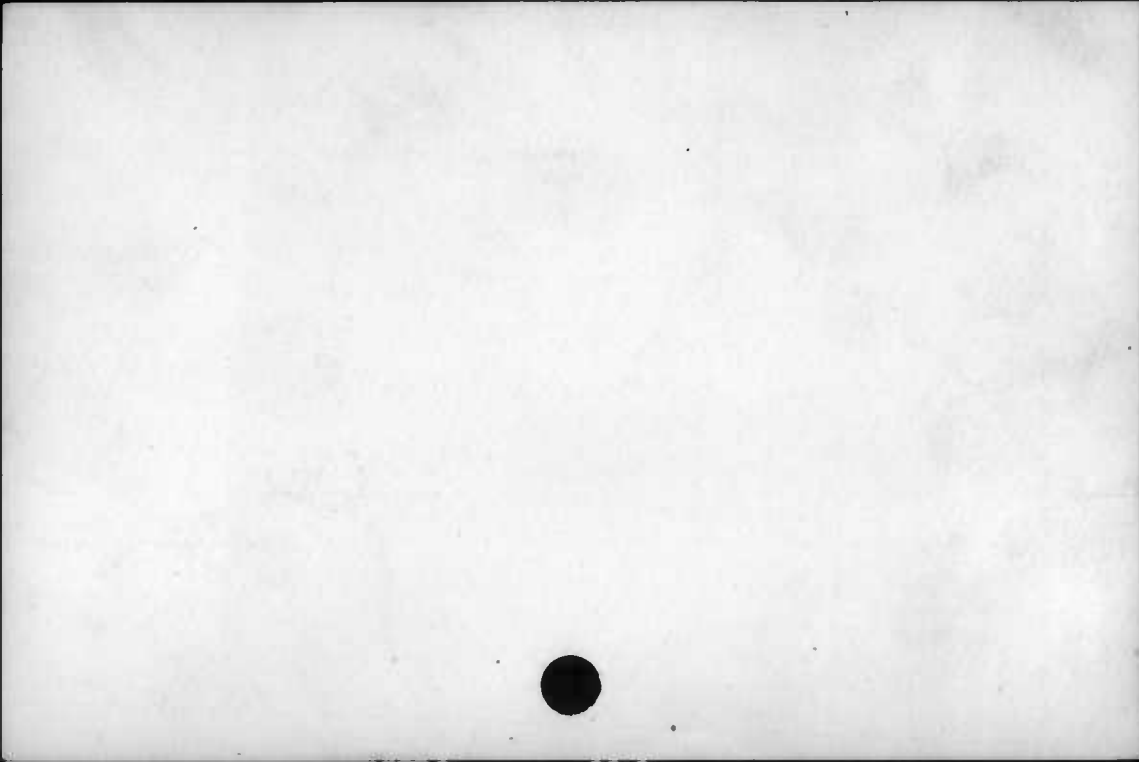
Died at <i>Arms Mills</i>		Town <i>Arms Mills</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Oct-</i>	Day <i>16</i>	Age <i>12</i>	Years	Months <i>10</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Schoolgirl</i>		Where Residing if not at place of death <i>Arms Mills</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph H. Liers</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Rebecca J. Ohl</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Mrs. Becraft</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Spine</i>	How long	<i>about 3 weeks</i>
Immediate	<i>Toxemia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. J. Beppert</i>	
		Address <i>1902 E. Baltimore</i>	
Accident or Suicide? <i>No</i>		<i>2nd District</i>	



Name
in
Full

Robert McGee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Rockland

Baltimore

MARYLAND

Date

of death

1908 Oct

Day

20

Age

Years

62

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Baltimore Co.

Occupation

Bleacher

Where Residing if not
at place of death

Rockland

Married, Single
or ~~Widowed~~

Married

Name of Wife or
Husband

Mary R. McGee

Father's
Name

Robert McGee

Father's
Birthplace

England

Mother's
Maiden Name

Vellie Wright

Mother's
Birthplace

England

Name of person giving
In formation

Mary McGee

How related
to deceased

wife

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary

Immediate

Cardiac Syncope

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Harold S. Johnson
Rider, Md.

Accident or Suicide?

Noted Mr. Gee
John Burns Sons
Towns

Pleasant Hill
Cemetery
Doringsville
Ballo. Co.

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Marshall* Town *Highlandtown* County *Balto*
Died at *Highlandtown* *Balto*
Date of death *1905* Month *12* Day *21* Age *51* Years Months Days
Sex *Female* Color or Race *White* Birth-place *Ireland*
Occupation *Housewife* Where Residing if not at place of death
Married, ~~Single~~ *Married* Name of Wife or Husband *John Marshall*
Father's Name *John Mackey* Father's Birthplace *Ireland*
Mother's Maiden Name *Mary Moody* Mother's Birthplace
Name of person giving information *John Marshall* How related to deceased *Husband*

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary *Fatty degeneration of heart* How long *indefinite*
Immediate *Gangrene of leg* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? ☒
Signature of Physician *Wm J. McAvoy M.D.*
Address *839 S. Calver St.*
Accident or Suicide? ☐

Joseph M. Crowley
25 N. Fulton Ave.

4 Holy Cross Cemetery

Oct. 23/08.

McClellan
F. M.

Name
in
Full

William McKinnis Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Bear River Town Balto County MARYLANDDate of death 1908 Oct Month 22 Day — Age — Years 2 Months 0 DaysSex — Color or Race Colored Birthplace IndOccupation chm Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Geo McKinnis Father's Birthplace IndMother's Maiden Name Johanna Pucley Mother's Birthplace IndName of person giving Information Geo McKinnis How related to deceased Father

CAUSES OF DEATH

90

Primary Pneumonia How long 1 wk.Immediate Aschem How long 2 mosAre the name, age, sex, color, date and place correctly given above? yrSignature of Physician John W. Harrison M.D.Address Middle River IndAccident or Suicide IndPHYSICIAN
OR CORONER

201 40

7.

1 . 3 . 7 . 8 .



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sophia L. Milbourn

Town *Govanstown* County, *Baltimore Co* MARYLAND

Died at *Govanstown*

Date of death *1908* Month *October* Day *30* Age *69* Years *8* Months *18* Days

Sex *Female* Color or Race *white* Birth-place *Baltimore Md*

Occupation *None* Where Residing if not at place of death *Govanstown*

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm Thomas*

Father's Name *John P. Dengel* Father's Birthplace *Germany*

Mother's Maiden Name *L. Weller* Mother's Birthplace *Germany*

Name of person giving Information *Maryann Milbourn* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Neurosthenia* How long *Several years*

Immediate *Meningitis* How long *1 week*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *E. H. Duncan* Address *Govanstown Md.*

9th District

~~Accident or Suicide~~

Wm Cook
502 E North Ave

Nov. 21/1908

cedar Hill
Cemetery

Ansundale Cemetery

Name in Full		CERTIFICATE OF DEATH			
Louisa Miller		Died at Overlea		County Balto	
Date of death 1908 Oct. 30		Age 57		Months 5 Days 23	
Sex Female		Color or Race White		Birth-place Balto	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband			
Father's Name Chas. H. Wheeler		Father's Birthplace Germany			
Mother's Maiden Name Susan Smith		Mother's Birthplace England			
Name of person giving information Chas. H. Wheeler		How related to deceased Brother			
CAUSES OF DEATH					
Primary Epilepsy		How long 69			
Immediate Exhaustion		How long about 4 Wks			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. F. Clayton			
		Address Overlea			
Accident or Suicide?		Md.			

Baltimore Cemetery

Nov 2, 1908

Robt J. Turner

Broadway & Olive Sts.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James B Mitchell

Died at Boring ^{Town}Balto ^{County}

MARYLAND

Date

of death

1908

Month

Oct

Day

18

Year

Age

64

Months

Days

Sex

MaleColor or
RaceWhiteBirth-
placeBalto Md

Occupation

Real Estate agentWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandSigie B MitchellFather's
NameJohn MitchellFather's
BirthplaceUnknownMother's
Maiden NameUnknownMother's
BirthplaceUnknownName of person giving
InformationSigie MitchellHow related
to deceasedwife

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

6 yrs

Immediate

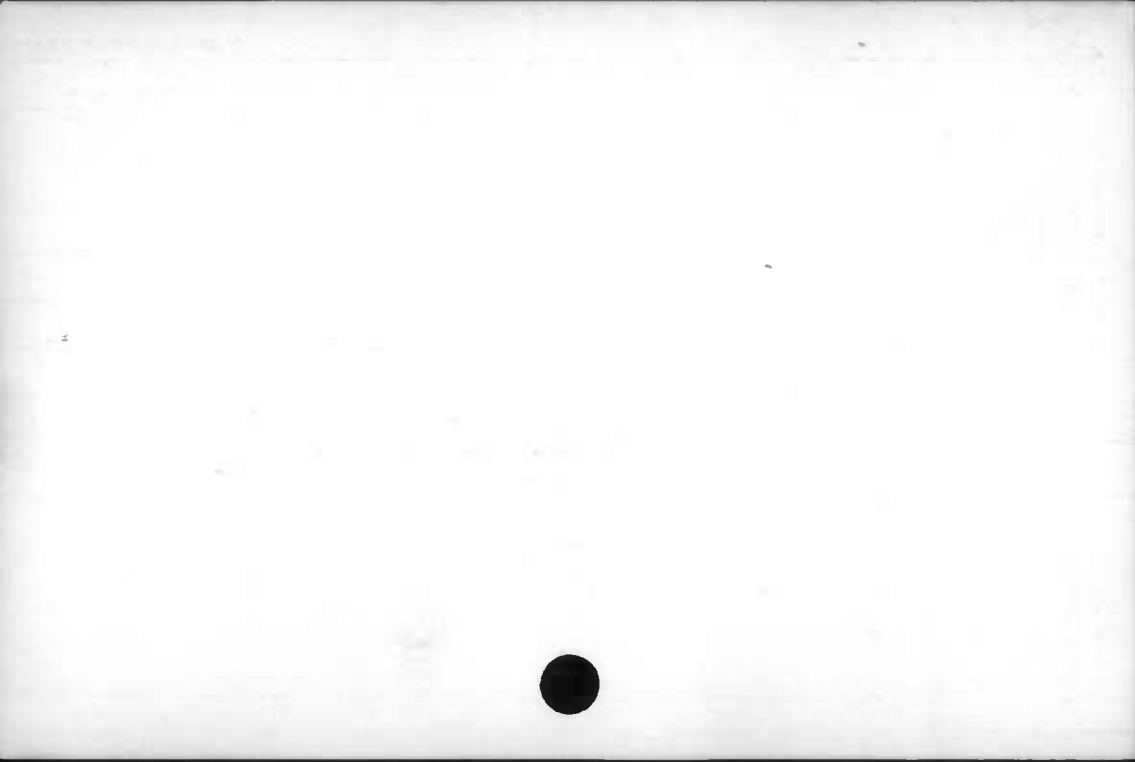
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianH. M. Slade

Address

ReisterstownPHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

George Louis Muth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>October</i>	Day	<i>10</i>
Age		<i>65</i>	Years	Months	<i>8</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Wholesale Druggist</i>			
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Mary Marguerite Spach</i>		
Father's Name	<i>Sebastian Muth</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Anna Mary Muth</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Snoburn</i>		How related to deceased	<i>Nephew</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis, Hypertrophy of heart</i>	How long	<i>10 years</i>
Immediate	<i>Uremia</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas Mays</i>
		Address	<i>Batonsville</i>
Accident or Suicide?	<i>No</i>		

Henry H. Justices and Sons Co

New Cathedral Cemetery

Name
in
Full

Maggie M Nash

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mexas</i> <small>Town</small>		<i>Ballo.</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>10</i>	Day <i>23</i>	Age <i>19</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Texas, Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>as above</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ephraim E Nash</i>				
Father's Name <i>Chas Nash</i>	Father's Birthplace <i>Texas Md</i>				
Mother's Maiden Name <i>Laura Tracey</i>	Mother's Birthplace <i>monkton</i>				
Name of person giving information <i>Wm E Cox</i>	<input checked="" type="checkbox"/> How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary & Intestinal</i>	How long
Immediate <i>Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. T. B. Bussey</i>
	Address <i>Texas</i>
Accident or Suicide? <i>No</i>	<i>8th District Md</i>

Funeral at Texas
Monday Oct 26

M. C. Brooks

Name
in
Full

Rosa Emabell Taylor

CERTIFICATE OF DEATH

Died at ^{Town} Butler

County Balto.

MARYLAND

Date of death 1908 10 27 Age 17 Months 3 Days 12

Sex Female Color or Race White Birth-place Trenton Md

Occupation Housewife Where Residing if not at place of death Butler Md

Married, Single or Widowed Name of Wife or Husband Lewis Albert Taylor

Father's Name Shadrach K. Cole Father's Birthplace Hampden Md

Mother's Maiden Name Rebecca J. Harris Mother's Birthplace " "

Name of person giving information Shadrach K. Cole How related to deceased Father

CAUSES OF DEATH

138

Primary Puerperal Eclampsia How long 24 hours

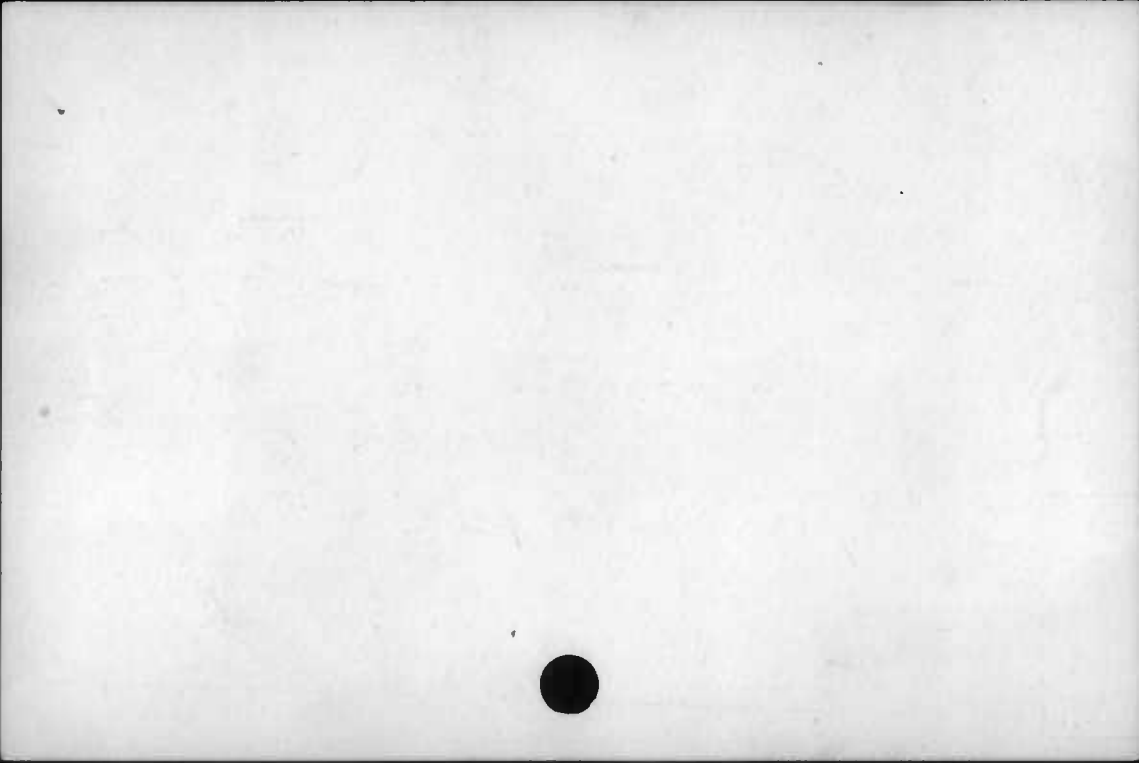
Immediate Expansion How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. Drach Md

Address Cockeysville R.D. No 1

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Miss Georgia Stulton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dowson</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>10</i>	Day	<i>9</i>
Age		<i>58</i>		Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Virginia</i>
Occupation	<i>None</i>		Where Residing if not at place of death	<i>With Mr B. Herbert</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>X</i>		
Father's Name	<i>Abraham Stulton</i>		Father's Birthplace	<i>Virginia</i>	
Mother's Maiden Name	<i>Sarah Casman</i>		Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>Mrs Mrs B. Herbert</i>		How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Uterine Fibroids</i>	How long	<i>12 years</i>
Immediate	<i>Abdominal Sarcoma</i>	How long	<i>9 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>R. C. Massenburg</i>	
Address		<i>Dowson</i>	
Accident or Suicide?			

John Burns Sons. Undertakers
Burial Presbyterian Cemetery
Gwans town

Oct 11 - 1908

Name
in
Full

Elizabeth Ruth

CERTIFICATE OF DEATH

Died at *Gardenville* Town*Balt.* County

MARYLAND

Date
of death *1908*Month
*10*Day
11

Age

Years
56

Months

Days

Sex

*F.*Color or
Race*N.*Birth-
place*Balt. Co.*

Occupation

*Hom.*Where Residing If not
at place of deathMarried, Single
or Widowed*N.*Name of Wife or
Husband*Joseph Ruth*Father's
Name*Henry Rosemer*Father's
Birthplace*Germany*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Germany*Name of person giving
In formation*John A. Ruth*How related
to deceased*Son*

CAUSES OF DEATH

27

Primary

Tuberculosis of Lungs, Heart & Spine

How long

2 years

Immediate

Cardiac Failure

How long

*24 hours.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. J. Wilkinson*

Address

Roseburg, Ind.

Accident or Suicide?

*Neither. 14th Street*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Henry Horck Lee.

Holy Redeemer Cemetery.

Name
in
Full

John M DeConner

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mt Hope Retreat ^{County} BaltoDate of death 1908 ^{Month} Oct ^{Day} 16 ^{Years} 40 ^{Months} Not Known ^{Days} Not KnownSex Male ^{Color or Race} White ^{Birthplace} Ireland -Occupation Clerk - ^{Where Residing if not at place of death} Norfolk VaMarried, Single or Widowed Single ^{Name of Wife or Husband}Father's Name Not Known ^{Father's Birthplace} Not KnownMother's Maiden Name " " ^{Mother's Birthplace} " "Name of person giving information Reeds Mt Hope ^{How related to deceased} not at all

CAUSES OF DEATH

93

Primary Mania Acuta (Paranoia) ^{How long} abt 1 yearImmediate Ep. Pneumonia Hypostatic ^{How long}

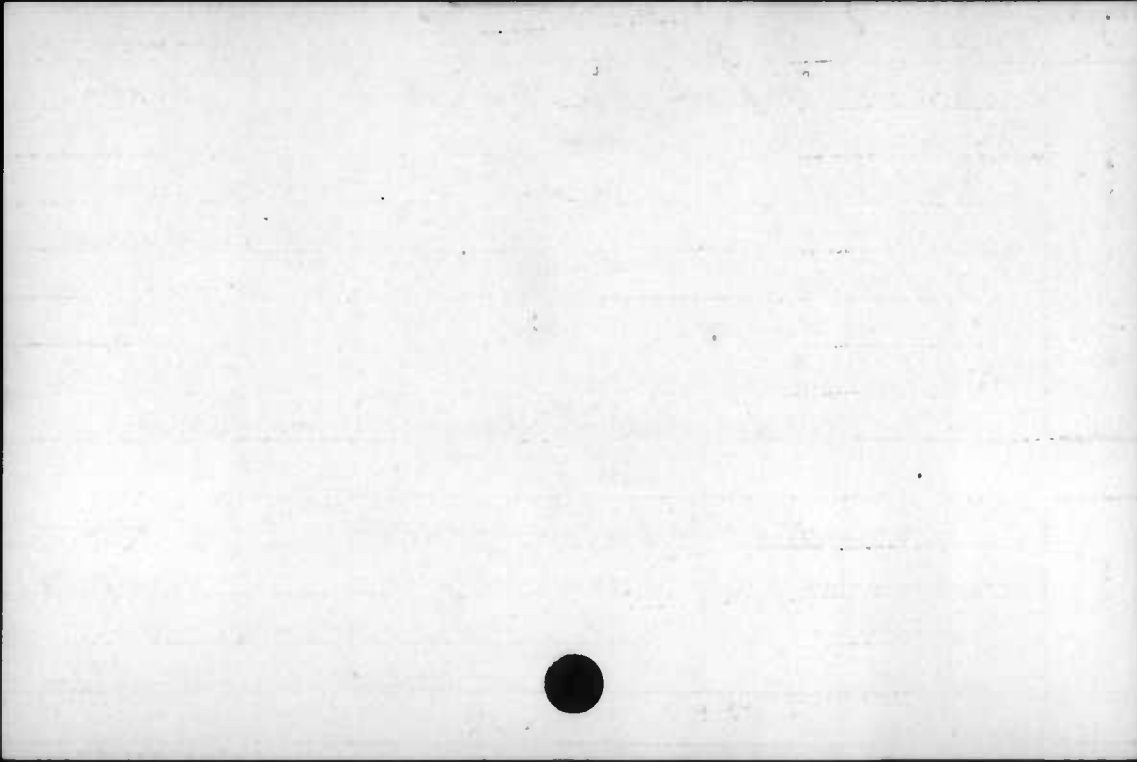
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank J. Flannery

Address 242 Mt Hope Retreat

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sydney Orndorff

Died at *St. Agnes's Hospital* ^{Town} *Baltimore* ^{County} *MARYLAND*

Date of death *1908* ^{Month} *Oct* ^{Day} *2nd* Age *60* ^{Years} *Months* *Days*

Sex *Female* Color or Race *White* Birth-place *Charmouth*

Occupation *None* Where Residing if not at place of death *St. Agnes's Hospital*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Hospital Records* How related to deceased *—*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis & Endocarditis* How long *1 Year*

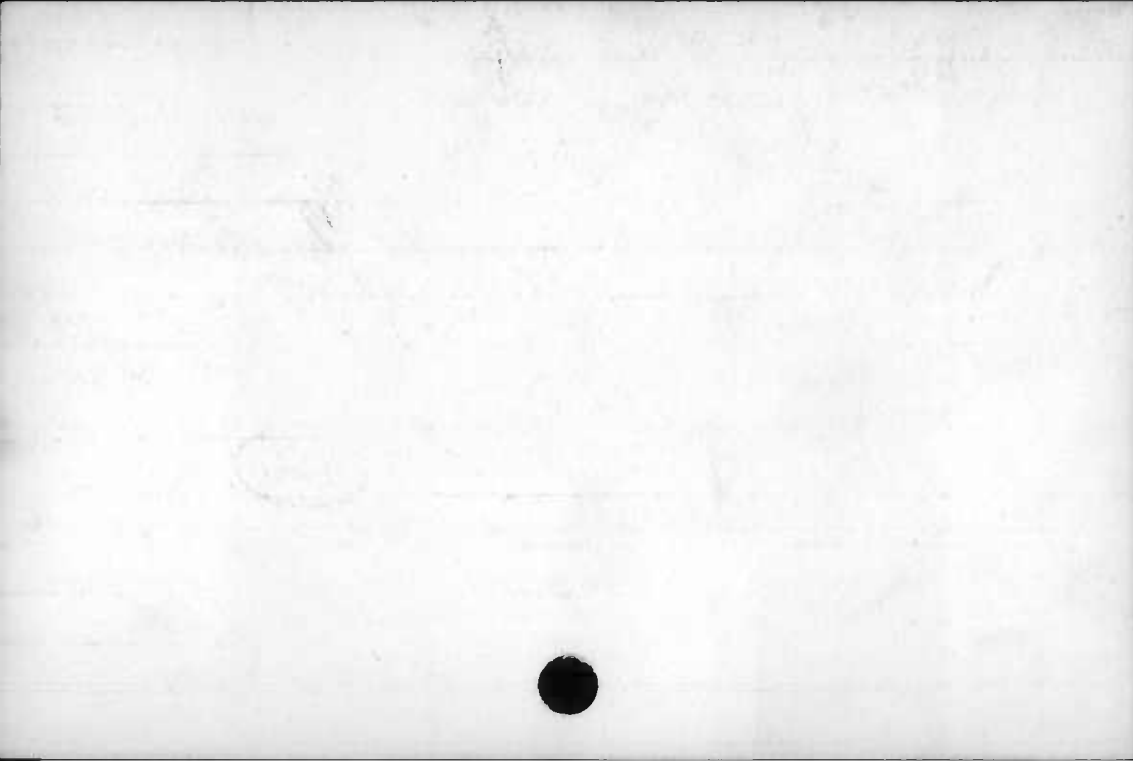
Immediate *Edema of lungs* How long *8 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. P. Lambrecht*

Address *St. Agnes's Hospital*
Baltimore

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Owens</i>		Town <i>Sandown</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Sandown</i>		Date of death <i>1908 Oct 19</i>		Age <i>74</i>		Months <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wales</i>		Days <i>19</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Sandown</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Owens</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Wales</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving information <i>Mary Owens</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis -</i>	How long <i>a few months</i>
Immediate <i>Uremic Coma & Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Sandown Balt. Md.</i>
Accident or Suicide? <i>7</i>	

Chas. F. Evans.

— 1118 W. Mt Royal
Ave

New York.

Name
in
Full

Elizabeth Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Texas* Town*Balto.* County

MARYLAND

Date of death *1908* Month *10*Day *1*Years *50* Age *50*

Months

Days

Sex *Female*

Color or Race

Colored

Birthplace

Fredrick Co, Md

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Phillip Payne

Father's Name

Henson Posey

Father's Birthplace

Co. Md Montgomery

Mother's Maiden Name

Ellen Hasper

Mother's Birthplace

Md. Montgomery Co

Name of person giving information

Phillip Payne

How related to deceased

Husband

CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

2 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. T. B. Bussey

Address

*Texas**Md.**8*

Accident or Suicide?

No.

place of Burial

Alex Hensley 1578 W Bidable St
independent

Fooks Cemetery

(Montgomery Co
Baltimore Co.,

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>1106 3rd St Canton</i>		County <i>Balto</i>		State <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>68</i>	Months <i>-</i> Days <i>-</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germanus</i>		
	Occupation <i>Tailor</i>	Where Residing if not at place of death <i>Same</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catharine Pastor</i>			
	Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>			
	Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>			
	Name of person giving information <i>Catharine Pastor</i>	How related to deceased <i>Wife</i>			
PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary	<i>Broken neck result of fall</i>			
	Immediate	<i>7 fall</i>			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. Sudler M.D.</i>			
	Address <i>3356 E. Balto St Highlandtown</i>				
Accident or Suicide? <i>-</i>					

Trinity born
Henwigson
10/28/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Allen A. Pettit</i>		Town <i>Piperville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>10</i>		Day <i>11</i>	
Age <i>89</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bald City</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Piperville Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Pettit</i>					
Father's Name <i>Allen Pettit</i>		Father's Birthplace <i>Bald City</i>					
Mother's Maiden Name <i>Mary Thompson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Barrie Mason</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>		How long <i>Long / slow.</i>	
Immediate <i>Exhaustion</i>		How long <i>Some weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. M.</i>	
		Address <i>Piperville Md.</i>	
Accident or Suicide?			

Robert T. Finner

Baltimore Cemetery

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rossville</u> ^{Town}		<u>Prager</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Oct</u> ^{Day} <u>28</u> ^{Years} <u>43</u>		Months <u>-</u>		Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>German</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Rossville Md</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Poehlman</u>				
Father's Name <u>M - Birritz</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Uphmoyer</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Louis Poehlman</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Organic heart disease</u>	How long <u>79</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>L. U. U. U.</u>
		Address <u>Rossville Md</u>
Accident or Suicide?	<u>-</u>	

Balto Buxton

Name
in
Full

Peter Richwien

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Morrell edition</i>		County <i>Balto</i>		MARYLAND	
Date of death		1908	Month 10	Day 19	Age 29 -	Years	Months —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Wheelwright</i>		Where Residing if not at place of death <i>207 Harrison</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Della Richwien</i>					
Father's Name <i>Louis Richwien</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Catherine Kratz</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>L. L. Alexander Richwien</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

162

PHYSICIAN
OR CORONER

Primary	<i>Throwing himself under moving train</i>	How long <i>Immediate</i>
Immediate	<i>Run over by Car wheels</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician or Coroner <i>August W. Miller Coroner</i>
		Address <i>Mt Union</i>
Accident or Suicide? <i>Suicide</i>		<i>Balto Co. Md. 13</i>

London Park

Jos B Cook.

F.D.

Name
in
Full

Dora Rittmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Monroville Park ^{County} Balto

MARYLAND

Date of death 1908 ^{Month} 10 ^{Day} 19 ^{Age} 2 ^{Years} ^{Months} 4 ^{Days} 6Sex Female ^{Color or Race} White ^{Birth-place} Monroville Park

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name John Rittmeyer Jr

Father's Birthplace Germany

Mother's Maiden Name Dora Shaland

Mother's Birthplace Germany

Name of person giving
In formation John RittmeyerHow related
to deceased Father

CAUSES OF DEATH

Primary

Dysentery

How long

6 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. B. Hall

Address

Mt. Winans

Accident or Suicide?

13

N. Frink

New Cathedral
Quebec

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

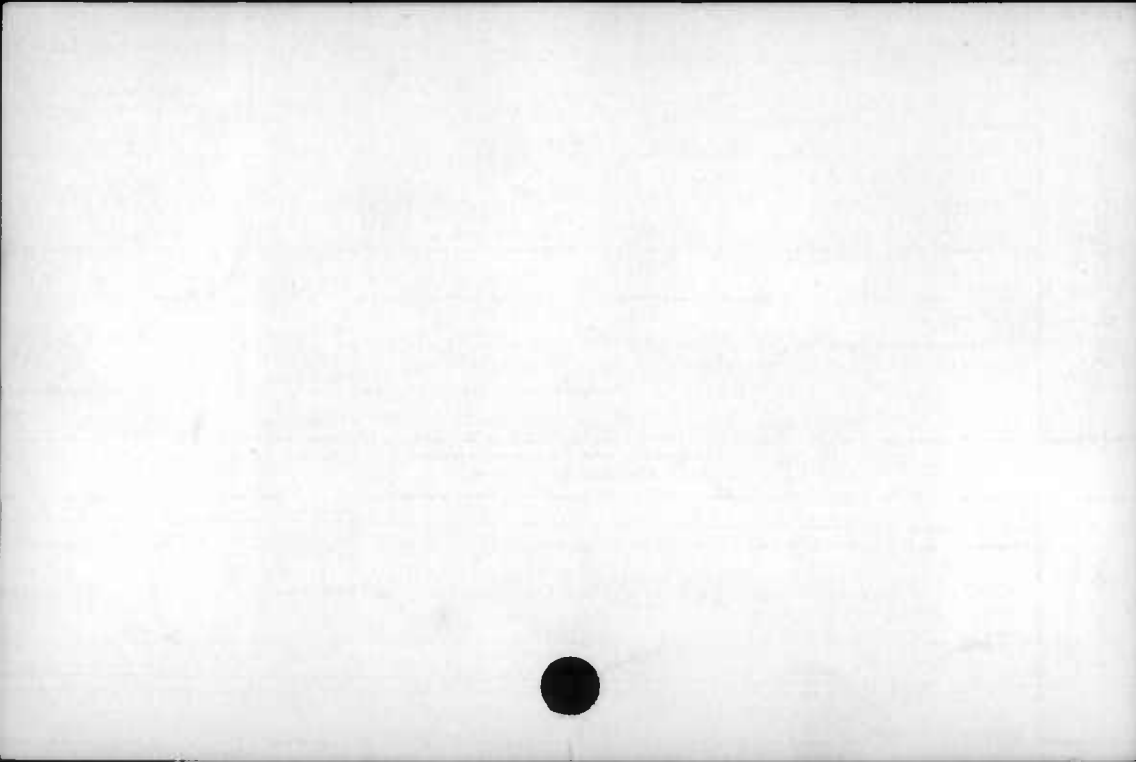
James Lyon Rogers Jr.
 Died at Pikesville Town Baltimore County
 Maryland
 Date of death 1908 Month 10 Day 29 Age — Years — Months — Days 1
 Sex Male Color or Race White Birth-place Pikesville
 Occupation — Where Residing if not at place of death Pikesville
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name James Lyon Rogers Father's Birthplace Md.
 Mother's Maiden Name Alice Levering Mother's Birthplace Baltimore City
 Name of person giving information C. Lyon Rogers Jr. How related to deceased Uncle

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary Asthenia. = Ecby. asphyxiated at
birth, neon chond- dist in 23 hours
 Immediate birth, neon chond- dist in 23 hours
 Are the name, age, sex, color, date and place correctly given above? —
 Signature of Physician Charles F. Brown
 Address 807 Centre Ave. Ch
 Accident or Suicide? —



Name
in
Full

George H Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Minn ^{County} Baltimore MARYLAND

Date of death 1908 ^{Month} Oct ^{Day} 3 Age ^{Years} 33 ^{Months} 11 ^{Days} 11

Sex Male Color or Race White Birth-place Maryland

Married, Single or Widowed Married Occupation Coffer & Can Maker

Name of Wife or Husband Unknown

Father's Name James H Ross Father's Birthplace Virginia

Mother's Maiden Name Margaret Powell Mother's Birthplace Maryland

Name of person giving information Mary A Morgan How related to deceased Aunt

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary Diabetes & Tubercular Enteritis How long Diabetes about 3 1/2 yrs

Immediate Exhaustion & Emaciation How long Several months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R. P. Cannon M.D.

Address 1701 N. Carolina St

Accident or Suicide? Neither 13th District 13

London Park Cemetery
Tuesday 2. P. M.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret C. Rupp

Died at ^{Town} *Highlandtown* ^{County} *Baltimore* **MARYLAND**Date of death 190 ^{Month} *8* ^{Day} *19* Age ^{Years} *2* ^{Months} *5* ^{Days} *3*Sex *Female* Color or Race *White* Birth-place *Baltimore*Occupation *—* Where Residing if not at place of death *320 - 6th St*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Wm C. Rupp* Father's Birthplace *Balto.*Mother's Maiden Name *Rosie M. Kirbin* Mother's Birthplace *" "*Name of person giving Information *Wm C. Rupp* How related to deceased *Father*

CAUSES OF DEATH

Primary *Diphtheria* ^{How long} *3 days*Immediate *Paralysis of heart* ^{How long} *12 hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide *—*PHYSICIAN
OR CORONER

Holy Redeemer
Lenn.

Memoriz for
10/20/08

Name
in
Full

Angela M. Schenk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto-</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct.</i>	Day	<i>8th</i>
Age		<i>14</i>		Months	<i>11</i>
Sex		<i>Female</i>		Color or Race	<i>White</i>
Occupation		<i>None</i>		Birth-place	<i>Balto. Co.</i>
Where Residing if not at place of death		<i>None</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Martin Schenk</i>		Father's Birthplace		
Mother's Maiden Name	<i>Katie Boulden</i>		Mother's Birthplace		
Name of person giving information	<i>Martin Schenk.</i>		How related to deceased		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	<i>Periculous anemia</i>	How long	<i>About 4 mos.</i>
Immediate	<i>As Phemia</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

W. J. McAvoy M.D.
839 S. Canton St.

Sacred Heart Cemetery
Lilly and Geiler
Undertakers

OCT 10 1908

Name in Full Frederick Schipley		CERTIFICATE OF DEATH	
Died at Town Canton County Balto.		MARYLAND	
Date of death Month Oct Day 23rd Age 15 Years 2 Months 8 Days			
Sex Male Color or Race White		Birth-place Balto Co. Md.	
Occupation School Boy		Where Residing If not place of death 1522 First St.	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name David Williams		Father's Birthplace Md.	
Mother's Maiden Name Annie Schipley		Mother's Birthplace Md.	
Name of person giving information John Elbelt		How related to deceased Foster Parent.	
		CAUSES OF DEATH	
Primary Pulmonary Tuberculosis		How long 27	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. P. Throop	
		Address 3020 E. Baltimore St.	
Accident or Suicide? 12th District			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mount Carmel Cemetery

OCT 25 1908

Lilly and Zeiler
Undertakers

Name
in
Full

Andrew Schminik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1908 Oct.</i>		Month	Day <i>24th</i>	Age	Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place	<i>Balto. Co.</i>
Occupation <i>None</i>		Where Residing if not place of death <i>1519 S. Clinton St</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John G. Schminik</i>		Father's Birthplace <i>Balto. Co.</i>			
Mother's Maiden Name <i>Margaret M. Wolfermann</i>		Mother's Birthplace <i>Balto Md.</i>			
Name of person giving In formation <i>John G. Schminik</i>		How related to deceased <i>Father.</i>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>60 Hours</i>
Immediate	<i>" "</i>	How long	<i>60 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>D. L. Rickard M.D.</i>	
		Address	
		<i>910 S. Canton St</i>	
Accident or Suicide?			
<i>No</i>			

Sacred Heart Cemetery

OCT 26 1908

Lilly and Zeiler

Undertakers

Name
in
Full

Albert H. Schults

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lauraville</i>		County <i>Balto</i>		MARYLAND	
Date of death	1908	Month	Oct	Day	23	Years	Age 23
Sex	Male		Color or Race	White		Months	9
Birth-place	Germany		Days	8			
Occupation	Musician		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Lafayette H. Schults		Father's Birthplace				
Mother's Maiden Name	Louisa Simon		Mother's Birthplace				
Name of person giving information	Howard P. McCubbin		How related to deceased				
						Brother in Law	

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary	<i>Carbolic Acid</i>	How long	<i>1 hour</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>O. Gellman & Darling</i>	
Address		<i>Lauraville</i>	
Accident or Suicide?			

Wm. J. Schoeffel and son

Baltimore Cemetery.

Name
in
Full

Bernard Schultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>4</i>	Age <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>	Months <i>3</i> Days <i>7</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>3704 Chester Pl.</i>		
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>Frank Schultz</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Regina Miller</i>	Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>" " Schultz</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

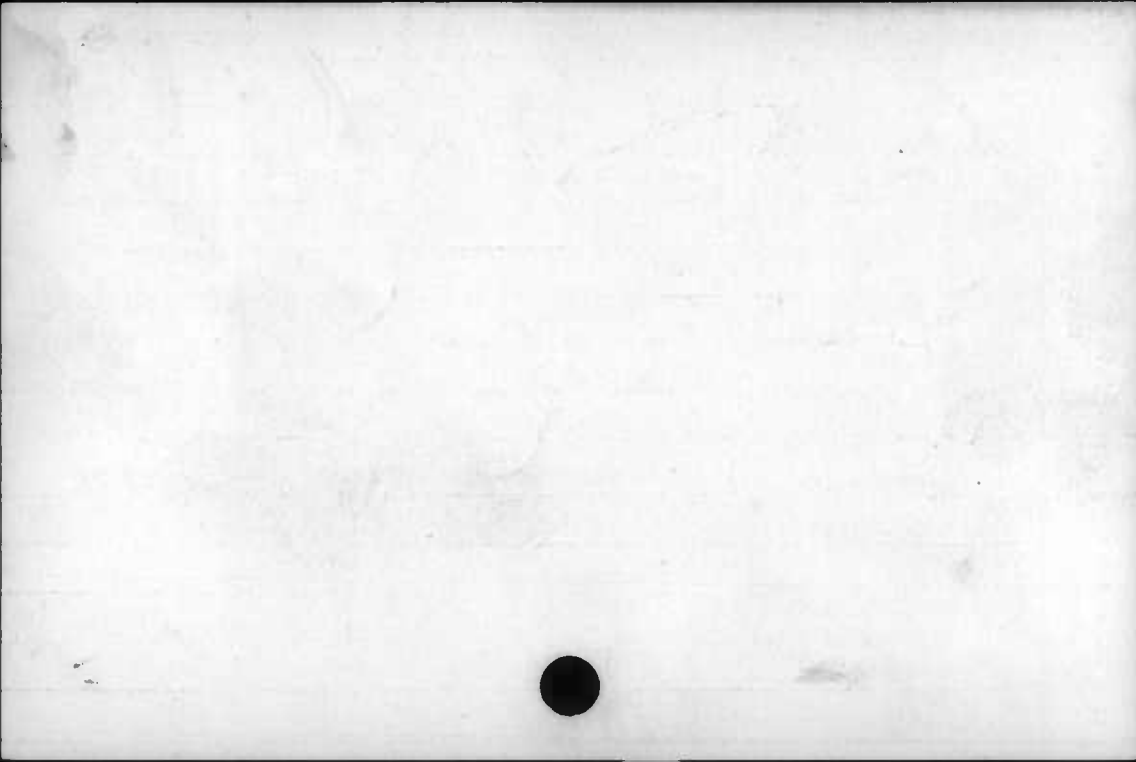
Primary <i>Myocardium -</i>	How long <i>2 to 3 mo.</i>
Immediate <i>Cardiac syncope -</i>	How long <i>few days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W.E. McClanahan M.D.</i>
	Address <i># 619 S. Clinton St.</i>
Accident or Suicide <i>No. -</i>	

Sacred Heart Con.

Hermigdon

10/10/08

Name in Full		J. Belle Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Rayville		County Balto		MARYLAND		
	Date of death	1905	Month 10	Day 7	Age 49	Months 5	Days 13	
	Sex	Female		Color or Race	White		Birth-place	Md.
	Occupation	Housewife		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband E. W. Scott.				
	Father's Name	A. S. Cooper		Father's Birthplace	Md.			
	Mother's Maiden Name	Lillian Hampshire		Mother's Birthplace	Md.			
	Name of person giving information	E. W. Scott		How related to deceased	Husband			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div>								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	About two years	
	Immediate	Tubercular Pneumonia				How long	8 Days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E. W. Hooper, M.D.			
					Address Parkton, Md.			
	Accident or Suicide?				7th District			



Name
in
Full

Margaret Seidl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highland		County Baltimore		MARYLAND			
Date of death		1908	Month Oct.	Day 25	Age 24	Years	Months —	Days 1	
Sex		Female		Color or Race		White		Birth-place	Baltimore
Occupation				Where Residing if not at place of death					
None									
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Vincent Seidl					Father's Birthplace		Austria
Mother's Maiden Name		Anna Friedr. Heeman					Mother's Birthplace		Germany
Name of person giving information		Anna Priedebohl					How related to deceased		Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Pathosis	How long	3 wks
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. J. Ventner	
Address		16 S. Broadway	
Accident or Suicide?		12th District	

Dr. Valentine

H. Sander & Son

Oct 28/08

Holy Redeemer Society

Name
in
Full

Cora Lee Servary.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

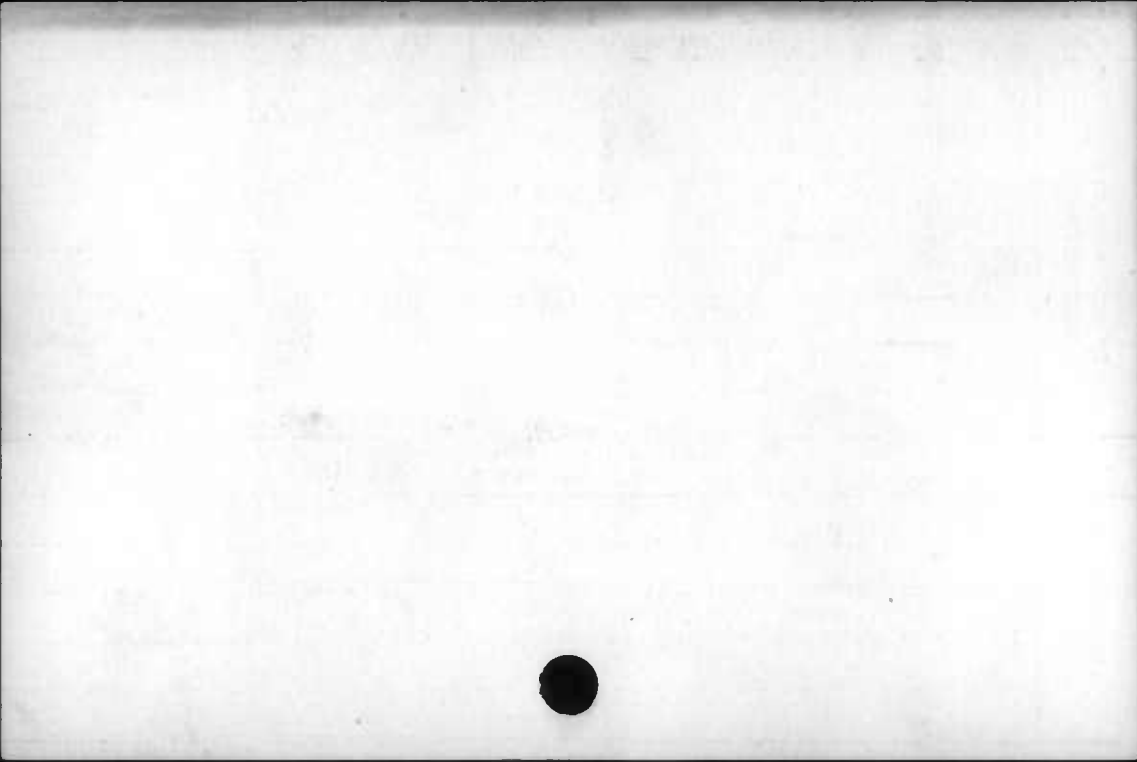
Died at		Town Catonsville		County Balto		MARYLAND	
Date of death		1908	Month Oct	Day 22	Age 34	Months	Days
Sex	female		Color or Race	white		Birth- place	Charles Co, Md,
Occupation	Housewife		Where Residing if not at place of death		Catonsville		
Married, Single or Widowed	Married		Name of Wife or Husband		Joseph G. Servary		
Father's Name	John R Wade				Father's Birthplace	Chas Co Md	
Mother's Maiden Name	Sallie Edland				Mother's Birthplace	don't know	
Name of person giving In formation	Georgia Wade				How related to deceased	Sister	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis		How long	48 hours
Immediate	Uremic Convulsions		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Marshall B West
			Address	Catonsville, Md,
Accident or Suicide?				



Name
in
Full

Munawar Shaffer

CERTIFICATE OF DEATH

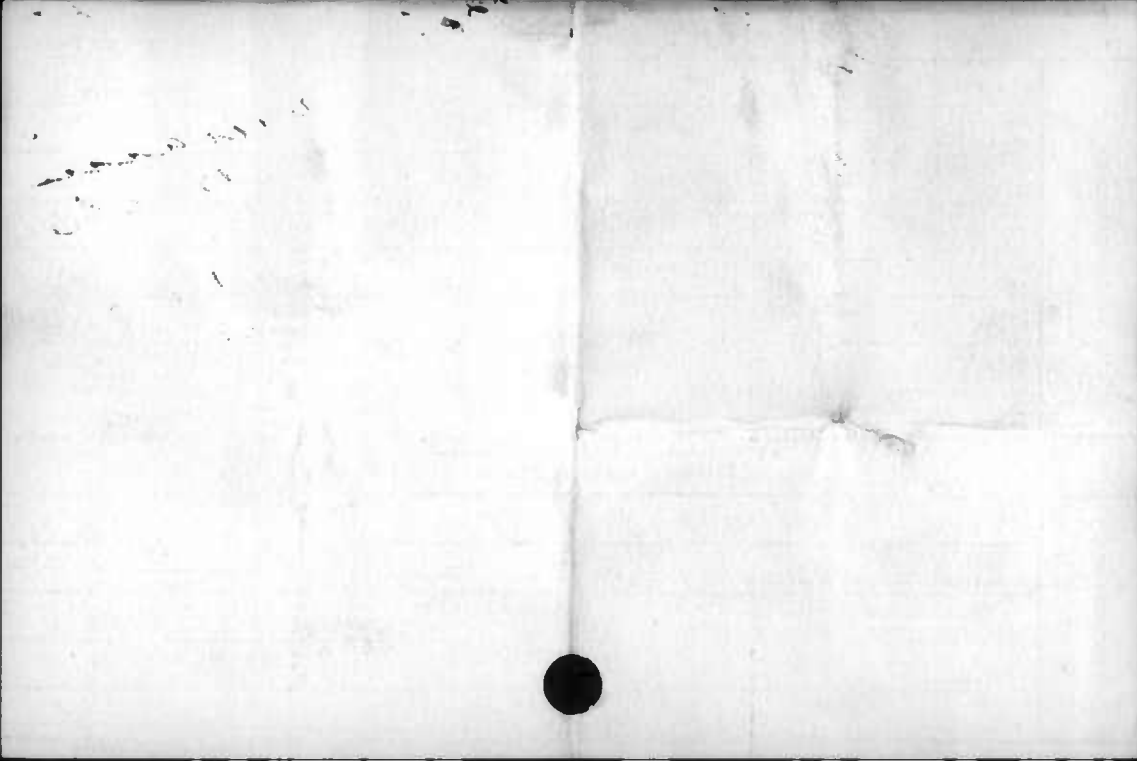
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossmore		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908 Oct			2				
Sex	Male		Color or Race	White		Birth-place	
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John Shaffer			Father's Birthplace	
Mother's Maiden Name			Agnes Minshel			Mother's Birthplace	
Name of person giving information			John Shaffer			How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stroke		How long	
Immediate	—		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Rossmore		
Accident or Suicide?		None		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Cecelia Shaw</i>		Town <i>Fall Rd near Mt Washington</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Fall Rd near Mt Washington</i>		Month <i>Oct</i>		Day <i>21</i>		Years <i>49</i>	
Date of death <i>1908</i>		Months <i>0</i>		Days <i>22</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John L. Shaw</i>		Father's Birthplace <i>Balti. Md</i>					
Mother's Maiden Name <i>Rachael C. Galt</i>		Mother's Birthplace <i>Balti. Md</i>					
Name of person giving information <i>William B. Shaw</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

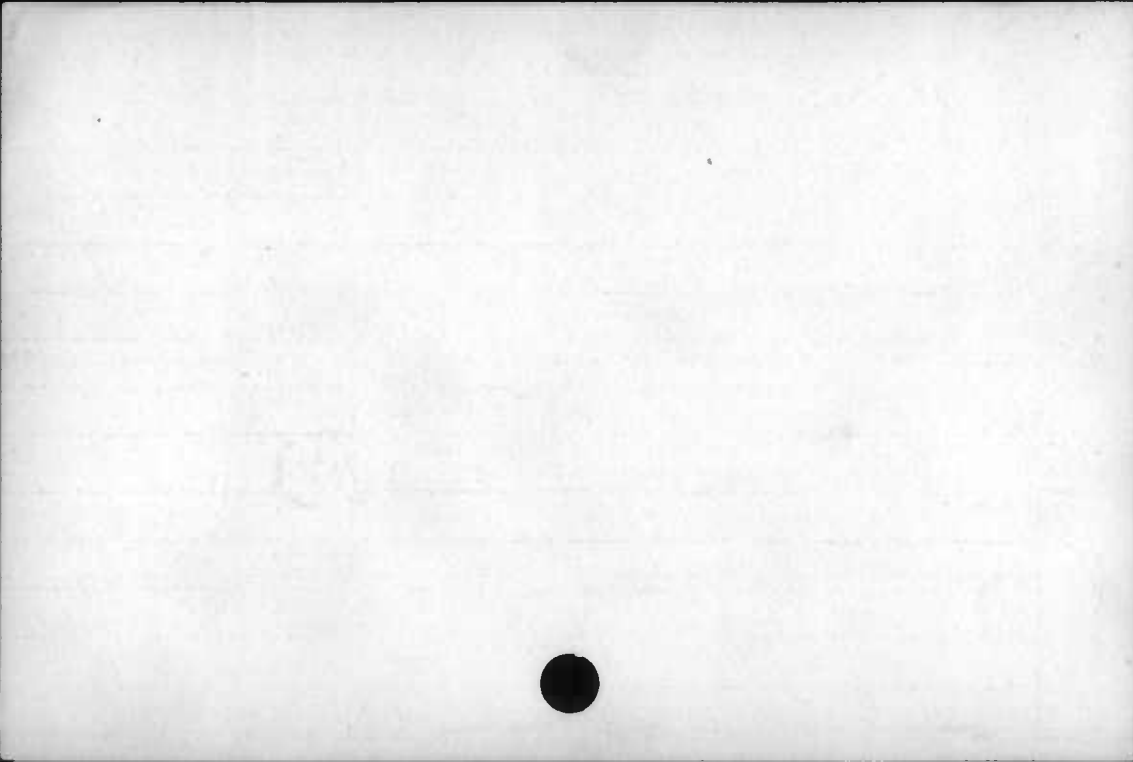
64

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>(?)</i>
Immediate <i>Aproplexy</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Todd</i>
	Address <i>Mt Washington Md</i>
Accident or Suicide? <i>—</i>	

Armstrong Drury Co—
London Pack—

Name in Full		Augusta L. Simon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Baltimore		Park Heights - Wylie Ave		MARYLAND
	Date of death	1908	Month	Oct-	Day	7th	Age
					Years	98	Months
						6	Days
						14	
	Sex	Female		Color or Race	White		Birth-place
							Germany
Occupation		None		Where Residing if not at place of death		Wylie & Park Heights	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Ferdinand Simon	
Father's Name		John Roccher				Father's Birthplace	Germany
Mother's Maiden Name		Unknown				Mother's Birthplace	Unknown
Name of person giving information						How related to deceased	
		CAUSES OF DEATH				112	
PHYSICIAN OR CORONER	Primary	Cinchoris of Liver				How long	12 mos
	Immediate	Syncope				How long	about 2 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					742 W. North Ave. Bald. Md. 3		
Accident or Suicide?							



Name
in
Full

Katherine Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

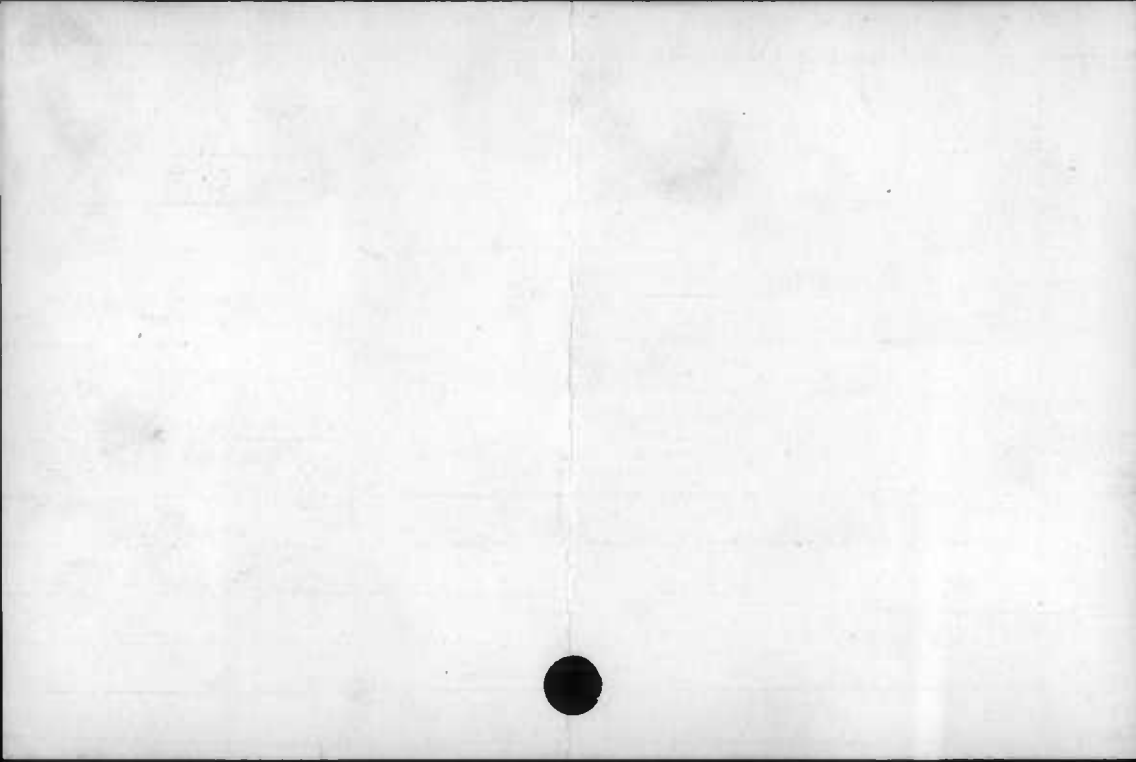
Died at <i>Knobel</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Oct</i> ^{Month}	<i>31st</i> ^{Day}	<i>65</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>George Smith</i>	
Father's Name	<i>Philip Hankle</i>			Father's Birthplace	<i>Europe</i>
Mother's Maiden Name	<i>Apollonia Hankle</i>			Mother's Birthplace	<i>Europe</i>
Name of person giving information	<i>Lucy Hankle</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Cancer of uterus</i>	How long	<i>2 years</i>
Immediate	<i>Weakness</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John A. Green</i>	
		Address	
		<i>Hittinger</i>	
		<i>MD</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Theo. C. Smith

Died at ^{Town} Highlandtown ^{County} Balto MARYLANDDate of death 1908 ^{Month} 10 ^{Day} 17 ^{Years} Age ^{Months} 3 ^{Days} 9

Sex Male Color or Race White Birth-place Balto

Occupation None Where Residing if not at place of death 3407 Leoverton Ave

Married, Single or Widowed Name of Wife or Husband

Father's Name Henry Smith Father's Birthplace Balto

Mother's Maiden Name Florence Knight Mother's Birthplace " "

Name of person giving Information " " Smith How related to deceased Mother

CAUSES OF DEATH

Primary Capillary Bronchitis How long 2 weeks

Immediate Exhaustion How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Jas. L. Prunty, M.D.

Address 3407 Leoverton Ave, Highlandtown, Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Camp Chaple
Balto. County
Hernigson
10/19/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Wm + Margaurt Smith

Died at ^{Town} Highlandtown^{County} Balt

MARYLAND

Date of death 1908

Month 10

Day 5

Age Years —

Months —

Days —

Sex Male

Color or Race

White

Birth-place

Balt Co

Occupation —

Where Residing If not at place of death

500 S. 8th St

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm Smith

Father's Birthplace

Pa.

Mother's Maiden Name

Margaurt Marschell

Mother's Birthplace

Balt

Name of person giving Information

Wm Smith

How related to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth ✓

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Caroline Betz

Address

3703 E. Balt St

Accident or Suicide

No.

Balt Co

PHYSICIAN
OR CORONER

5th Mrs. Rife born

Herrwig Jan
10/5/08

Name
in
Full

Clarence Sparwasser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Int Washington* TownCounty *Balt.*Date of death *1908*Month *10*Day *6*

Age

Years *1*Months *—*Days *15*Sex *Male*Color or
Race *White*Birth-
place *Ind*Occupation *None*Where Residing if not
at place of death *—*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Rev. Sparwasser*Father's
Birthplace *Ind*Mother's
Maiden Name *Mollie M^cKenney*Mother's
Birthplace *Ind*Name of person giving
In formation *Rev Sparwasser*How related
to deceased *Father*

CAUSES OF DEATH

105

Primary *Marasmus - Enterocolitis*How long *Six Mors.*Immediate *Complications - Exhaustion*How long *2 weeks*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *C. H. Beeton*Address *Int Washington*

Accident or Suicide?

N. S. Marshalls
3539 Fall Road
Drum Ridge & Cuckoo
Oct 8 - 1908

Name
in
Full

Albert H. Spiegel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown Bldg</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>30</i>	Age <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Highlandtown</i>	Months <i>1</i> Days <i>16</i>
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Joseph</i>		
Father's Name <i>Joseph Spiegel</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Anna Günther</i>	Mother's Birthplace <i>Balto. Md.</i>		
Name of person giving information <i>Joseph Spiegel</i>	How related to deceased <i>Father.</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Fell from chair.</i>	How long
Immediate <i>Concussion Brain</i>	How long <i>18 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank W. Weber M.D.</i>
	Address <i>1721 Carroll av.</i>
Accident <i>✓</i>	

Holy Redeemer Cemetery

Nov 1 st 1908

Lilly and Zeiler

Undertakers

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

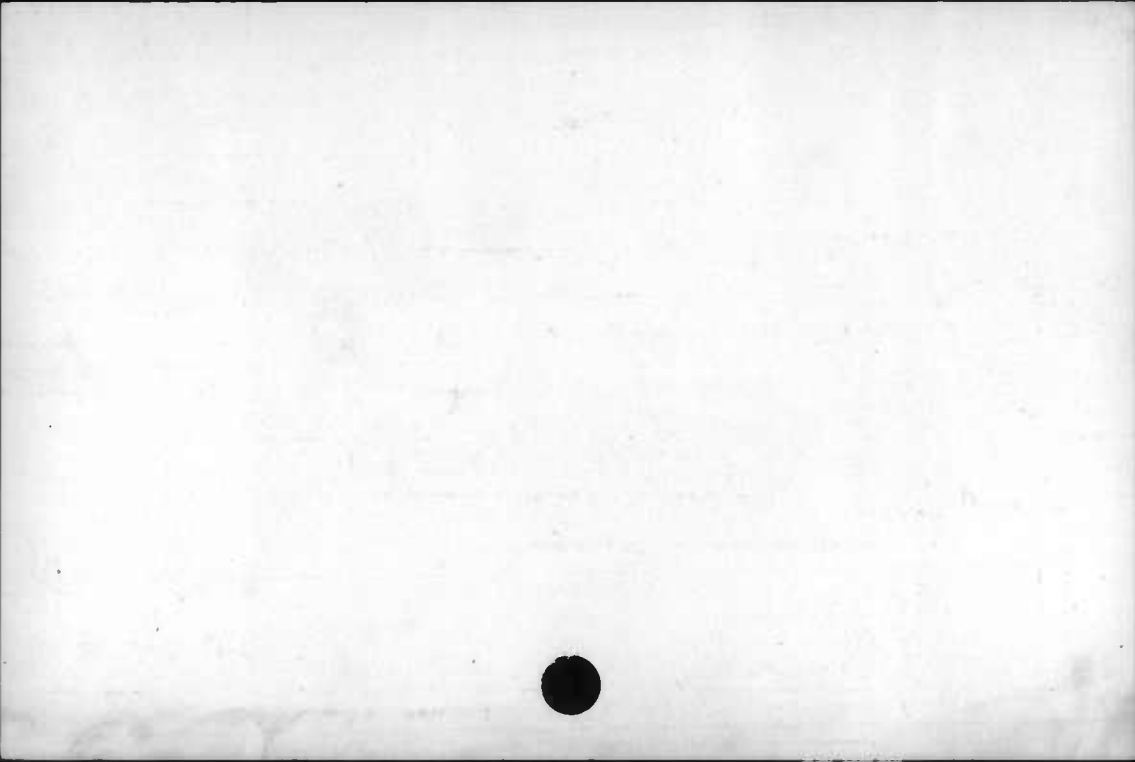
Name *Garrett E. Standiford*
 Died at *Upper Falls* Town *Balto* County
 Date of death *1908* Month *10* Day *21* Age *60* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *Canner* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Single* Name of Wife or Husband *Annie Standiford*
 Father's Name *Chas. Standiford* Father's Birthplace *Ind*
 Mother's Maiden Name *Russell Standiford* Mother's Birthplace *Ind*
 Name of person giving information *Bertha Bell* How related to deceased *Daughter*

CAUSES OF DEATH

122

PHYSICIAN
OR CORONER

Primary *Stroke in the Kidneys* How long *Several Years*
 Immediate *Uremia Poisoning* How long *4 weeks*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *I. F. H. Gersbach*
 Address *Fork Ind.*
 Accident or Suicide *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

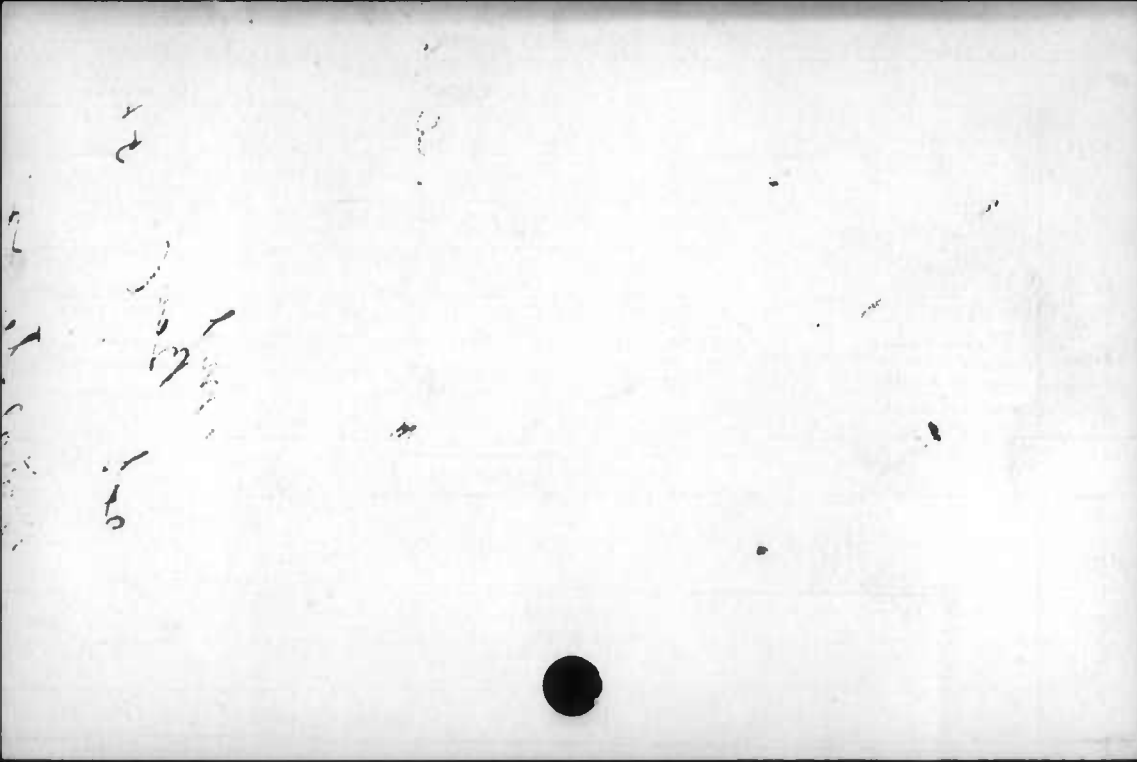
Died at <i>Bellevue</i> Town		<i>Pratt</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>54</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>W. Va</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>George Stevenson</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Georg Stevenson</i>		How related to deceased <i>1 Sister</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Stenosis</i>	How long <i>2 years</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>To V. Lee</i>
	Address <i>Rossmore</i>
	<i>W. Va</i>
Accident or Suicide?	



Name
in
Full

Mary C Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

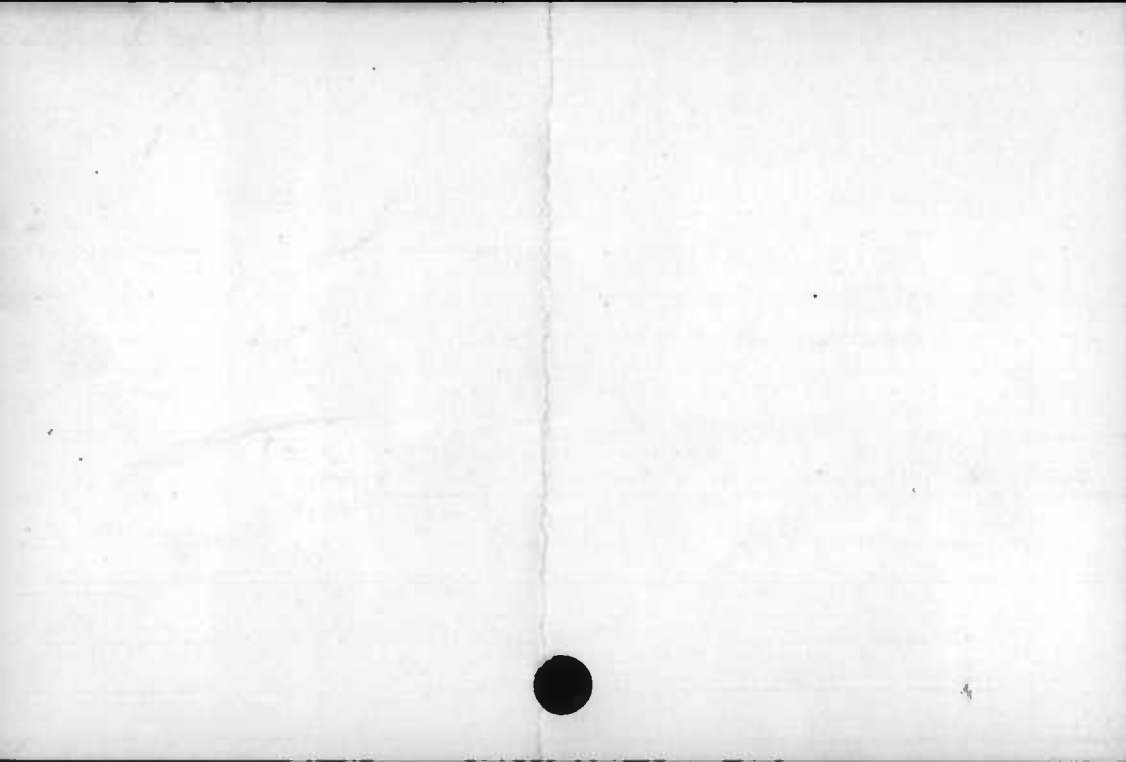
Died at ^{Town} <i>Hullsville</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>10</i>	Day <i>12</i>	Age <i>23</i>	Months <i>11</i> Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Edw Stewart</i>			
Father's Name <i>Louis Metter</i>		Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Dora Kraemer</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Dora Metter</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>9 mos</i>
Immediate <i>Emphysema</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W B Hale</i>
	Address <i>Wt Minors</i>
Accident or Suicide? <i>13th District</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Washington Stull</i>		Town <i>Arlington</i>		County <i>Balls</i>		MARYLAND	
Died at <i>Arlington</i>		Date of death <i>1908 Oct 4</i>		Age <i>4</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balls City</i>		Days <i>19</i>	
Occupation <i></i>		Where Residing if not at place of death <i>Arlington</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>George Mathew Stull</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Mary Emma Mathew</i>		Mother's Birthplace <i>Wd.</i>					
Name of person giving information <i>G. W. Stull</i>		How related to deceased <i>Kathie</i>					

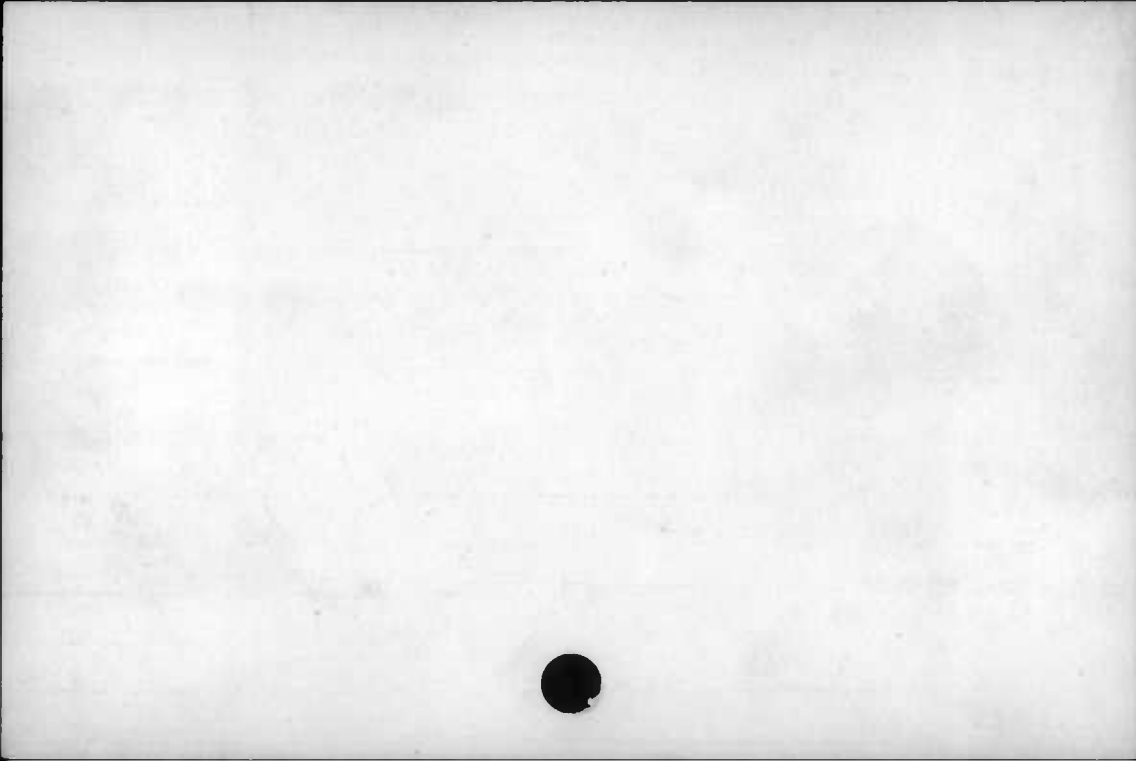
Gastro-intestinal catarrh

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Chronic Milk Infection</i>	How long <i>4 months</i>
Immediate <i>Exhaustion (Ptyphim Poisoning)</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Deary, M.D.</i>
	Address <i>Arlington</i>
Accident or Suicide?	



Name
in
Full

Armon Swern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Lutherville ^{County} Baltimore MARYLAND

Date of death 1908 10 25 Age 65- Months - Days -

Sex male Color or Race white Birth-place Balto Co

Occupation Painter Where Residing if not at place of death Lutherville

Married, Single or Widowed Married Name of Wife or Husband Southern Jane Swern

Father's Name Geo. R. Swern Father's Birthplace Balto. Co

Mother's Maiden Name Eliz. Jones Mother's Birthplace Balto. Co

Name of person giving information Howard Swern How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Nephritis How long 3 years

Immediate Auto-intoxication - Exhaustion How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician T. Gibbons Finck M.D.

Address

Lutherville

Accident or Suicide?

John Burns Sons

Procyet Hill Cemetery

Name
in
Full

Thomas Gilbert Jagg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Loch Raven.</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct.</i>	Day <i>5th</i>	Age <i>5</i>	Years <i>5</i>	Months <i>5</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Loch Raven.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Samuel Stillings Jagg.</i>			Father's Birthplace <i>New York City.</i>				
Mother's Maiden Name <i>Bertha Melilah Giffard</i>			Mother's Birthplace <i>Baltimore Co.</i>				
Name of person giving information <i>Bertha Jagg.</i>			How related to deceased <i>Mother.</i>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Meningeal Tuberculosis.</i>	How long	<i>About 2 weeks.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>W. J. Harrison.</i>
		Address	<i>Loch Raven.</i>
Accident or Suicide?	<i>14th Dist. of Report</i>		

Eeterment

Hiss Cent

Honford, Rd

Geo. W. Grammer

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orange Farm</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>24</i>	Age	Years	Months <i>6</i>	Days <i>27</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Orange farm</i>					
Occupation		Where Residing if not at place of death <i>yes</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>James L. Taylor</i>					
Father's Name <i>James L. Taylor</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Lucy G. Jessor</i>		Mother's Birthplace <i>Va</i>					
Name of person giving Information <i>James L. Taylor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary <i>Acute Infection</i>	How long <i>8 days</i>
Immediate <i>Severe Asthma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Lennaw M.D.</i>
	Address <i>742 N. Patterson Pl. Baltimore Md</i>
Accident or Suicide	

Charley Lantz —
Golden Ring. —

Remains to be buried
Long Branch Cemetery
North Point Road
● Oct. 25/08,

Name
in
Full

Henry Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

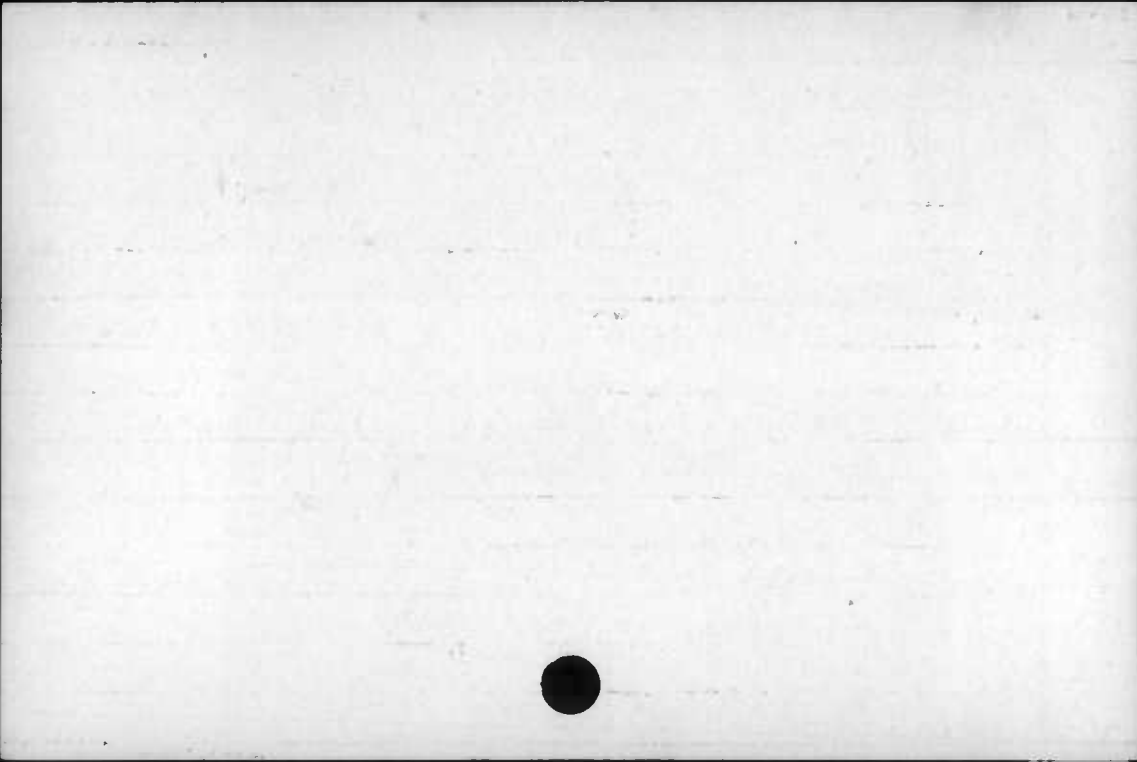
Died at <i>Mt Hope</i> ^{Town} <i>Patriah</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>11</i>	Years <i>40</i>
Sex <i>M</i>	Color or Race <i>W</i>	Months <i>Not known</i>	Days <i>Not known</i>
Occupation <i>Rice Planter</i>	Where Residing if not at place of death <i>Savannah Ga</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>not known</i>		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Reeds Mt Hope</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>13 or 14 mos</i>
Immediate <i>Ex-meningitis</i>	How long <i>Ex- 5 or 6 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J Flannery</i>
	Address <i>Mt Hope Patriah</i>
Accident or Suicide? <i></i>	



Name in Full		Leroy D. Taylor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hillsville		County		BALTO	
	Date of death		1908		Month		10	
	Day		11		Age		3	
	Sex		Male		Color or Race		White	
	Occupation		none		Birth-place		Md	
	Where Residing if not at place of death		—		Months		0	
	Days		one		Years		0	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace		
Mother's Maiden Name		Name of person giving information		Mother's Birthplace		How related to deceased		
Delbert Lee Taylor		Ada May Taylor		Va		Mother		
Ada May Lester		Ada May Taylor		Md		Mother		
CAUSES OF DEATH		Primary		How long		167		
Burns		Pneumonia		How long		36 hours		
Immediate		convulsions		Signature of Physician		J. B. Hall		
Are the name, age, sex, color, date and place correctly given above?		Yes		Address		Mr. Wm. Mans		
Accident or Suicide?		(over)		13th District		13		

William J. Pickner
Western Cemetery



L

accidental death by fire, burns over limbs, chest
abdomen & arms



Name
in
Full

Clara M. Formollen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1908	Month Oct	Day 35	Age 17	Years 6	Months 4	Days
Sex	Female		Color or Race	White		Birth- place	Baltimore
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Formollen					Father's Birthplace	Baltimore
Mother's Maiden Name	Margaret L. Woolshleger					Mother's Birthplace	Baltimore
Name of person giving In formation	Margaret L. Formollen					How related to deceased	Mother

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cardiac Hypertrophy	How long	about 4 or 5 years
Immediate	Cardiac Dilatation	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Wright	
Address		Canton & Hill St.	
Accident or Suicide?			

Dr. Wright—
Canton & Dillon St
Oct 29/08
121st Evangelical Comm
H. Sander Sander

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Marion F. Uhlir</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Princeton</i>		Month <i>Oct</i>		Day <i>25</i>	
Date of death <i>1908</i>		Age <i>32</i>		Years <i>32</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Balto Co Md</i>	
Occupation <i>Hotel Proprietor</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>David S. Uhlir</i>		Father's Birthplace <i>Balto Co Md</i>			
Mother's Maiden Name <i>Mary A Green</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving Information <i>Fulcer R wife</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

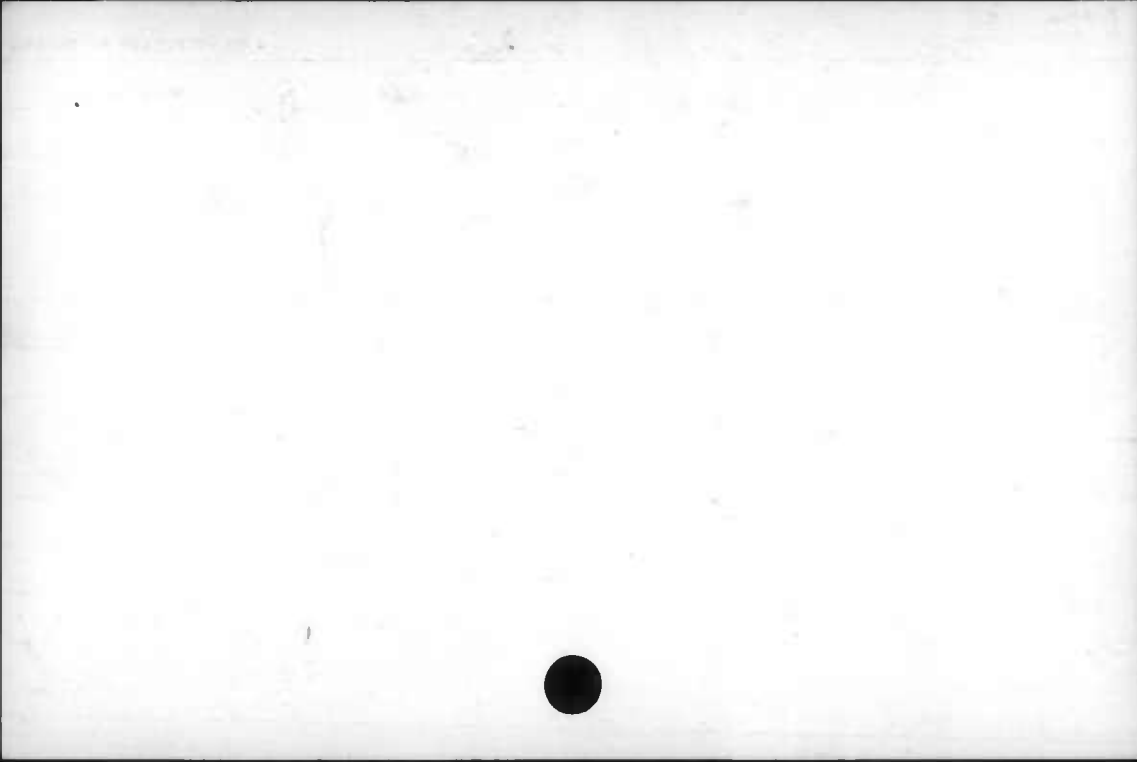
27

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 yrs</i>
Immediate	How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Child of Michael & Fannie Wahl
Died at Mt. Washington 18 alto.

Date of death 1908 Oct 3 Age Still Born

Sex Female Color or Race white Birth-place Baltimore

Occupation — Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
Husband

Father's Name Michael Wahl

Father's Birthplace MD

Mother's Maiden Name Fannie Stokes

Mother's Birthplace England

Name of person giving
In formation Michael WahlHow related
to deceased Father

CAUSES OF DEATH

Primary

abnormal Presentation

How long

Immediate

Pressure on Umbilical chord

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. Joseph Bowen

Address

Mt. Washington Md

Accident or Suicide?

St. Mary's Cemetery
Gravels Mh

MARTIN FAHEY & SONS.

Funeral Directors & Embalmers.

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Name
in
Full

Annie E. Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

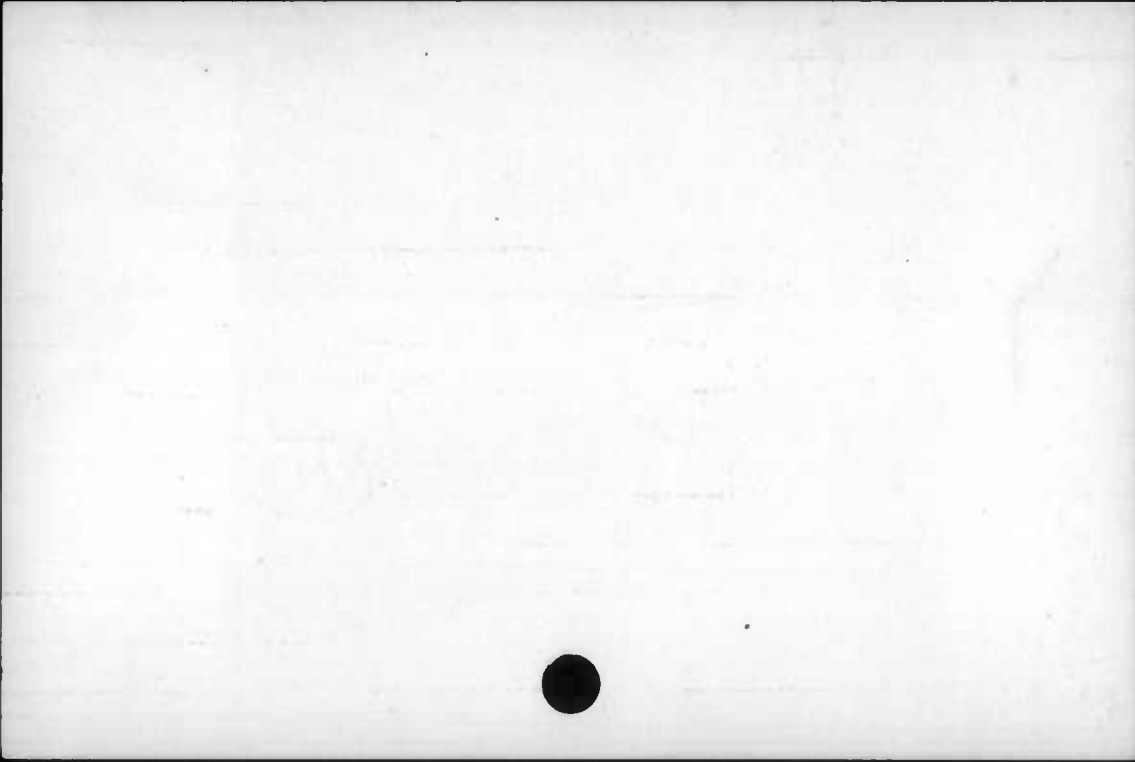
Died at		Town <i>Kingsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month <i>Oct-</i>	Day <i>2</i>	Age <i>✓</i>	Years <i>✓</i>	Months <i>11</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Ind</i>				
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>				
Father's Name <i>Thos J. Weaver</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Maggie Ligan</i>				Mother's Birthplace <i>Del Air Ind</i>			
Name of person giving Information <i>Thos J. Weaver</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 hours</i>
Immediate <i>Inanition</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. H. Gorman</i>
	Address <i>Fork Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Leo. A. Weaver</i>		Town <i>Highland</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Highland</i>		Month <i>10</i>		Day <i>23</i>		Age <i>7</i>	
Date of death <i>1908</i>		Month <i>10</i>		Day <i>23</i>		Years <i>7</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>ind</i>		Days <i>27</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jas A Weaver</i>		Father's Birthplace <i>ind</i>					
Mother's Maiden Name <i>Elizabeth M Shorty</i>		Mother's Birthplace <i>ind</i>					
Name of person giving information <i>Jas A Weaver</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. A. Warner</i>
	Address <i>1120 Highland av</i>
Accident or Suicide? <i>no</i>	

Charley U. Gentry -
Rossville, Ind.

Howard's Church
Rossville - Balto.
Oct. 25th/05 - Ind.

Name
in
Full

Maria E. Heidinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Year</small>	<i>Oct</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <small>Years</small>	<i>1</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Gen. Weidinger</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Margaret Froetschbeck</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Margaret Weidinger</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>12 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. V. Atkey</i>
	Address
Accident or Suicide?	

Baltimore Cemetery

Oct 5/08

H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

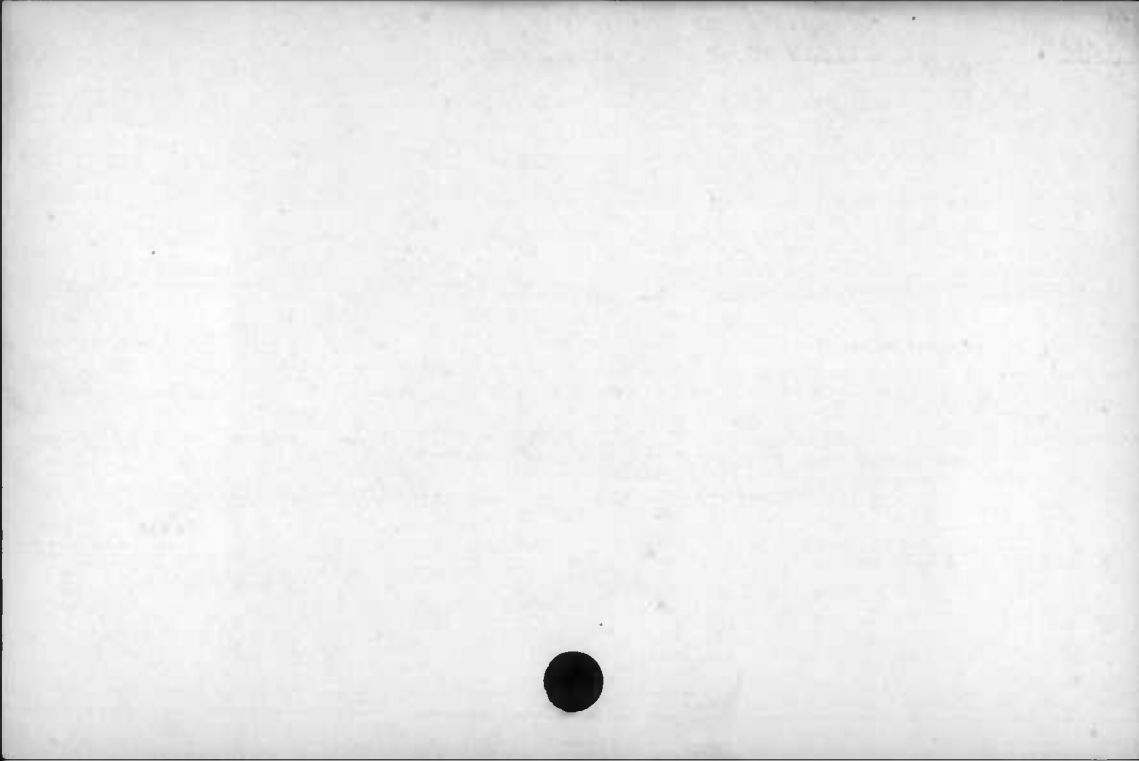
Died at <i>Woodstock</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>19</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Woodstock</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thos Whelan</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Katherine Foley</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Calit Bailey</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Tubercular Peritonitis</i>	How long <i>10 months</i>
Immediate <i>Coma & Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Triple and</i>
	Address <i>Brands</i>
Accident or Suicide? <i>no</i>	<i>2nd District and</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Harry Williams

Town *Hageron* County *Baltimore* MARYLAND

Died at *Hageron*

Date of death *1908* Month *Sept* Day *1* Age *57* Years Months *6* Days *12*

Sex *male* Color or Race *White* Birth-place *Buckhillsville, Md*

Occupation *School* Where Residing if not at place of death *Hageron, Md*

Married, Single or Widowed *X* Name of Wife or Husband *X*

Father's Name *James Harry Williams* Father's Birthplace *Hageron Md*

Mother's Maiden Name *Johanna Elizabeth Williams* Mother's Birthplace *Hageron Md*

Name of person giving information *James H. Williams* How related to deceased *Father*

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary *Gravel Intestine* How long *1 Week*

Immediate *Meningitis Simple* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. Benson*

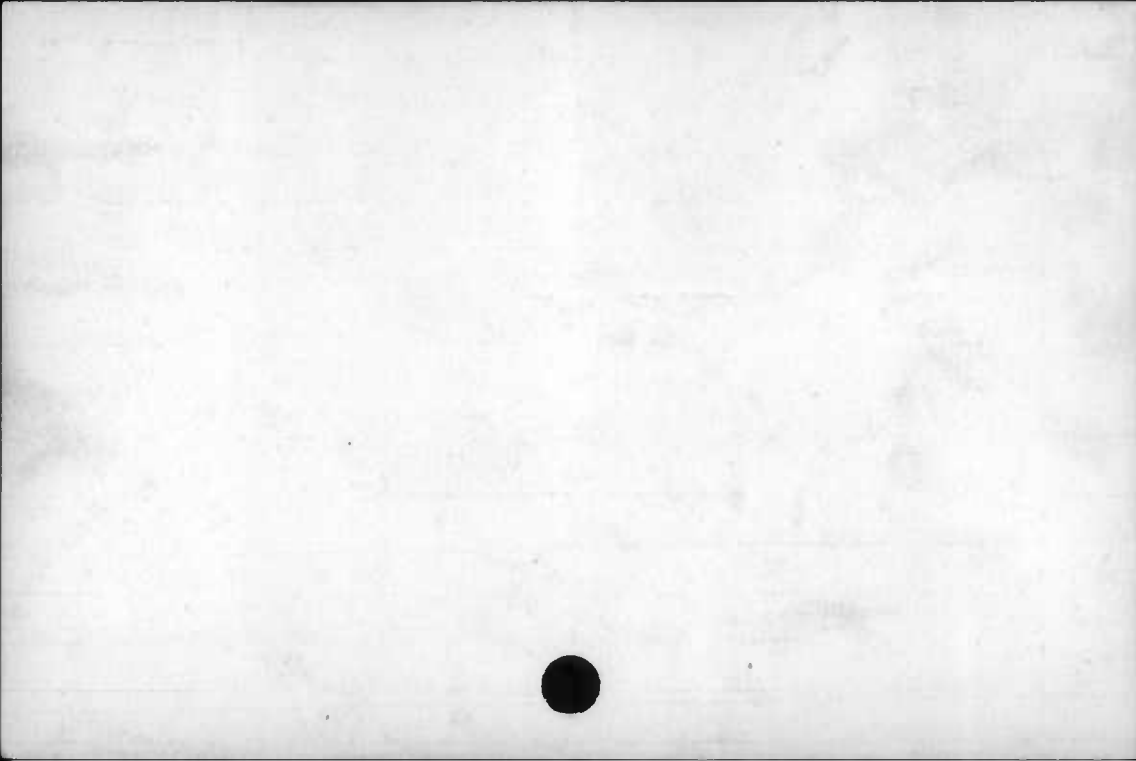
Address *Buckhillsville Md*

Accident or Suicide? *8th District*

Funeral at Poplar
Sunday 3rd

W. C. Brooks

Name in Full		Town				County		CERTIFICATE OF DEATH			
Arnold Wilson		Sparrows Point				Baltimore		MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
1908		Dec		8th		Age		Years		Months	
Sex		Male		Color or Race		col.		Birth-place		Sparrows Point	
Occupation				Where Residing if not at place of death		Sparrows Point					
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		Luther Wilson		Father's Birthplace		Va					
Mother's Maiden Name		Virginia E. Bolden		Mother's Birthplace		Va					
Name of person giving information		Luther Wilson		How related to deceased		father					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">151</div>											
Primary		Premature birth		How long							
Immediate		Deficient heart action		How long		2 days					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		G. E. McCormick MD					
				Address		Sparrows Point					
Accident or Suicide?		no									



Name
in
Full

William Himmiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

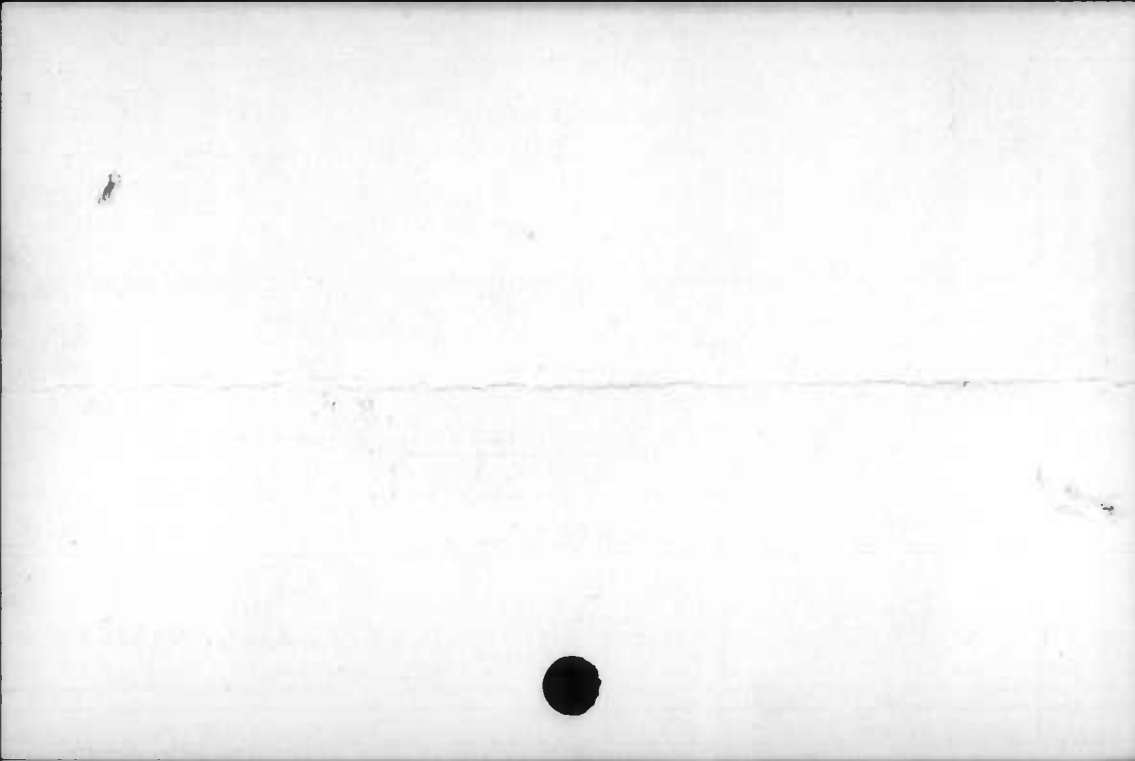
Died at <u>Parkston</u> ^{Town}			<u>Ballo-</u> ^{County}			MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>11</u>	Age <u>0</u>	Years	Months <u>0</u>	Days <u>8</u>	
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Parkston Ind.</u>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <u>Peter Himmiller</u>			Father's Birthplace <u>Stewartstown Pa</u>				
Mother's Maiden Name <u>Mary Rading</u>			Mother's Birthplace <u>Stewartstown Pa</u>				
Name of person giving information <u>Peter Himmiller</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>Infantile Convulsions</u>	How long <u>2 days</u>
Immediate <u>bowel & Heart Failure</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr D M Rush</u>
	Address <u>Hampstead</u>
Accident or Suicide?	<u>Inf 6</u>



Name
in
Full

Betty Woestmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		October	13	67		5	1
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband				
		Francis Woestmann deceased					
Father's Name	J. Anton Kerckhoff					Father's Birthplace	Germany
Mother's Maiden Name	Lucie Kerckhoff					Mother's Birthplace	Germany
Name of person giving information	Mrs Henry A Andrae					How related to deceased	Daughter

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Hepatic Cirrhosis	How long	Some 2 years
Immediate	Aschemia	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Duncan Mac Cremon
yes		Address	1102 Madison Ave Baltimore Md.
Accident or Suicide?			

Stewart & Mowen Co
Funeral Directors
215 Park Ave

for Interment in
London Park Cemetery
October 15th / 08.

Name
in
Full~~David~~ David Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908 Oct.</i>		Month <i>8</i>		Day <i>26</i>		Age <i>61</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>N.Y. City</i>		Months <i>1</i> Days <i>25-</i>	
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>St. Agnes Hospital</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Eliza Foster Wood</i>					
Father's Name <i>David Wood</i>		Father's Birthplace <i>N.Y. State</i>					
Mother's Maiden Name <i>Jean Demarest</i>		Mother's Birthplace <i>Connecticut</i>					
Name of person giving information <i>Eliza Foster Wood</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary <i>Thrombosis of left iliac & femoral veins</i>		How long <i>4 weeks</i>	
Immediate <i>Reddened of lungs</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. J. Sandrock M.D.</i>	
		Address <i>St. Agnes Hospital</i>	
Accident or Suicide?			



CERTIFICATE OF DEATH

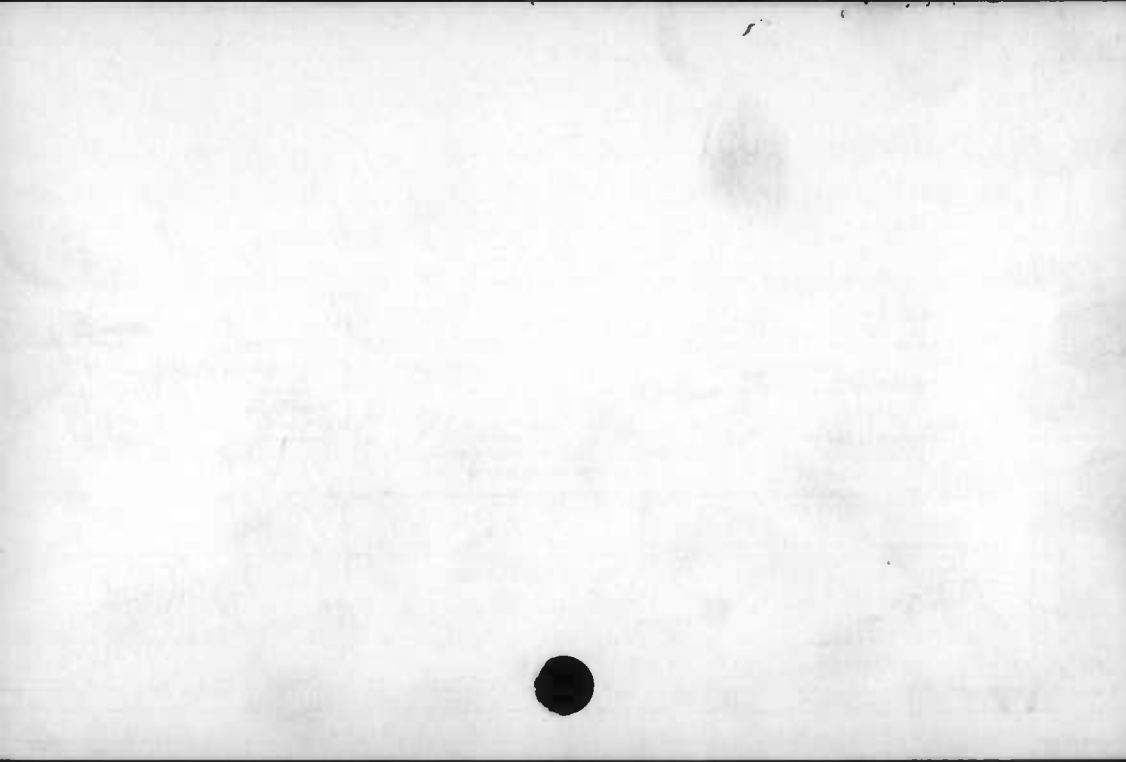
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glechester</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>3</i>	Age <i>60</i>	Years	Months <i>no</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Glechester</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Robert Wooton</i>	Father's Birthplace <i>R. I.</i>						
Mother's Maiden Name <i>Martha Gray</i>	Mother's Birthplace <i>R. I.</i>						
Name of person giving information <i>Robert Wooton</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born ✓	How long	_____
Immediate	_____	How long	_____
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. B. Rogers
_____	_____	Address	Elm St. Ely, Minn
Accident or Suicide?	_____		



Name
in
Full

Morris Benjamin Young

CERTIFICATE OF DEATH

MARYLAND

Died at Roland Park, Falls Road, Spathe Lane

Date of death 1908 Oct 11 Age 17 Months 9 Days 6

Sex Male Color or Race Colored Birth-place Baltimore

Occupation Student Where Residing if not at place of death Roland Park, Md.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William Young Father's Birthplace Belmont Co.

Mother's Maiden Name Alice Bunn Mother's Birthplace Anne Arundel Co.

Name of person giving information Alice Young How related to deceased Mother

CAUSES OF DEATH

27

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edw. Short, M.D.

Address

1301 Robt. St.

Accident or Suicide?

9th District Balto. Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A. S. Marshall
3539 Fall Road
Laurel Cemetery
Oct. 13-08

= Spathe Lane = Falls Road
north Cold Spring Lane

Funeral Oct 13

Name
in
Full

Charles P. Giffle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halethorpe</i> ^{Town}		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>22</i>	Age <i>50</i>	Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto Md</i>		
Occupation <i> cigar Maker</i>	Where Residing if not at place of death <i>28 S Patuxent St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Peter Giffle</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>William A. Giffle</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary <i>Shot Wound.</i>	How long <i>Immediate</i>
Immediate <i>in Head.</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>August W. Miller (Coron. ex.)</i>
	Address <i>Mr. Williams</i>
	<i>Balto Md 13</i>
Accident or Suicide?	

John Henry & Son
Baltimore
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Herbert Freshin Zimmerman*
Town *Zimmerman* County *Balti:*

MARYLAND

Died at *Zimmerman*

Date

of death *1908*

Month

Oct

Day

31

Years

21

Age

Months

8

Days

21

Sex

*Male*Color or
Race*White*Birth-
place*Balti. Co. Md*

Occupation

*Laborer*Where Residing if not
at place of death*Home*Married, Single
or Widowed*Single*Name of Wife or
Husband*X*Father's
Name*William H. Zimmerman*Father's
Birthplace*Cornell Co. Md*Mother's
Maiden Name*Annie Davis*Mother's
Birthplace*Balti. Co. Md*Name of person giving
In formation*William H. Zimmerman*How related
to deceased*Father*

CAUSES OF DEATH

104

Primary

Chronic Gastritis

How long

3 yr

Immediate

General failure of vital powers

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Dr. E. Benson**Cokeysville**Md*

Accident or Suicide?

Funeral at Poplar
Cemetery, Monday

Nov 2 ~~1891~~

W. G. Brooks

Name
in
Full

Matilda C. Gunka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Canton

Town

County

Baltimore

MARYLAND

Date

of death 190

Month

8 10

Day

13

Years

Age 65

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death

Blomell St. E.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Adolph Gunka

Father's
Name

Fried. Stoll

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

Luisa Jenkins

How related
to deceased

Daughter

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

2 mo

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. W. Wines

Address

320 Highland Ave. Saut.

Accident or Suicide

No

PHYSICIAN
OR CORONER

Trinity beam,

Hernig & son

10/15/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keokuk Sta</i> <i>Nb Ky</i> <i>Barthmore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>24</i>	Age <i>About 30 yrs</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Not Known</i>			
Occupation <i>Not Known</i>	Where Residing if not at place of death <i>Not Known</i>				
Married, Single or Widowed <i>Not Known</i>	Name of Wife or Husband <i>(?) Not Known</i>				
Father's Name <i>(?) Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>(?) Not Known</i>	Mother's Birthplace <i>(?)</i>				
Name of person giving information <i>Wm. J. Todd</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Supposed to have fallen from a moving freight</i>	How long
Immediate <i>Coroner's verdict: "Accidental" strain</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>(?)</i>	Signature of Physician <i>William J. Todd</i>
	Address <i>Washington Md</i>
Accident or suicide?	

Balto County Alm's
House Comm

John Burns Sour